

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N., R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

CERTIFIED MAIL: 7007 0710 0002 7979 0871

November 4, 2010

Tom Moss, Acting Administrator Preferred Community Homes - Courtyard 7091 W Emerald Boise, ID 83704

Preferred Community Homes - Courtyard, Provider #13G057 RE:

Dear Mr. Moss:

Based on the follow-up survey completed at Preferred Community Homes - Courtyard on October 27, 2010, by our staff, we have determined that Preferred Community Homes -Courtyard is out of compliance with the Medicaid Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) Conditions of Participation on Active Treatment Services (42 CFR 483.440); Client Behavior & Facility Practices (42 CFR 483.450). To participate as a provider of services in the Medicaid program, an ICF/MR must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused these Conditions to be unmet, substantially limit the capacity of Preferred Community Homes - Courtyard to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies, which led to the finding of non-compliance with the Conditions of Participation referenced above by submitting a written Credible Allegation of Compliance. Such corrections must be achieved and compliance verified, by this office, before December 11, 2010. To allow time for a revisit to verify corrections prior to that date, your Credible Allegation must be received in this office no later than November 30, 2010.

The following is an explanation of a credible allegation:

Tom Moss, Administrator November 4, 2010 Page 2 of 3

Credible allegation of compliance. A credible allegation is a statement or documentation:

- Made by a provider/supplier with a history of having maintained a commitment to compliance and taking corrective actions if required.
- That is realistic in terms of the possibility of the corrective actions being accomplished between the exit conference and the date of the allegation, and
- That indicates resolution of the problems.

In order to resolve the deficiencies the facility must submit a letter of credible allegation to the Department, which contains a sufficient amount of information to indicate that a revisit to the facility will find the problem corrected.

As mentioned above, the letter of credible allegation must indicate that the problems have been corrected as of the date the letter is signed. Hence, a plan of correction indicating that the correction(s) will be made in the future would not be acceptable. Please keep in mind that once the Department receives the letter of credible allegation, an unannounced visit could be made at the facility at any time.

Failure to correct the deficiencies and achieve compliance will result in our recommending that the Medicaid Agency terminate your approval to participate in the Medicaid Program. If you fail to notify us, we will assume you have not corrected.

Be advised, that, consistent with IDAPA 16.05.03.300, you are entitled to request an administrative review regarding the issuance of the provisional license. To be entitled to an administrative review, you must submit a written request by **December 2, 2010**. The request must state the grounds for the facility's contention of the issuance of the provisional license. You should include any documentation or additional evidence you wish to have reviewed as part of the administrative review.

Your written request for administrative review should be addressed to:

Randy May, Deputy Administrator Division of Medicaid -- DHW PO Box 83720 Boise, ID 83720-0036

Phone: (208)364-1804 Fax: (208)364-1811 Tom Moss, Administrator November 4, 2010 Page 3 of 3

If you fail to submit a timely request for administrative review, the Department of Health and Welfare's decision to issue the provisional license becomes final. Please note that issues, which are not raised at an administrative review, may not be later raised at higher level hearings (IDAPA 16.05.03.301).

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in the State Informal Dispute Resolution (IDR) Process which can be found on the Internet at:

www.icfmr.dhw.idaho.gov

Scroll down until the Program Information heading on the right side is visible and there are three IDR selections to choose from.

This request must be received by November 17, 2010. If a request for informal dispute resolution is received after November 17, 2010 the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

We urge you to begin correction immediately. If you have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Sincerely,

MICHAEL CASE

Health Facility Surveyor

A Sichael a Cus, Low

Non-Long Term Care

MC/srm

Enclosures

NICOLE WISENOR

Co-Supervisor

Non-Long Term Care

PRINTED: 11/03/2010 FORM APPROVED OMB NO. 0938-0391

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•,	follow up survey. The survey was c				"Preparation and implement of correction does not admission or agreement by with the facts, findings or statements as alleged by the	constitute Courtyard other	
	Monica Nielsen, C	W, QMRP, Team Leader IMRP ations/symbols used in this			agency dated October 27, Submission of this plan of required by law and does a the truth of any or some of	2010. correction is not evidence	W S
***	ADHD - Attention AQMRP - Assista Professional	Deficit Hyperactivity Disorder nt Qualified Mental Retardation tervention Program this Committee		, .	as stated by the survey age Courtyard – Preferred Cor Homes, specifically reserve move to strike or exclude as evidence in any civil, or	ency. nmunity es the right to this document	CELV
	OCD - Obsessive PCLP - Person C RN - Registered I RSC - Residentia QMRP - Qualified	Compulsive Disorder entered Life Plan			administrative action."		
W 104	Professional 483,410(a)(1) GC	OVERNING BODY	W	104	W 104 483.410(a)(1) GO BODY	VERNING	
		ody must exercise general policy, ating direction over the facility.			Please refer to the respon- W124, W137, W159, W2 W237, W239, W249, W2	14, W227,	
	Based on record was determined to	is not met as evidenced by: review and staff interviews, it the facility's governing body ons that identified and resolved			To correct the deficiencie Regional Representative : Assistant to the Regional in as the OIDP's for all o	and the bave stepped	,
٠	systematic proble the facility. This individuals review	ons that identified and resolved ams for the individuals residing at failure directly impacted 3 of 3 and had agatively impact 6 of 6	ŀ		individuals at the Courty assist with all functions o They have physically bee assisting with the revision	rd home to f the QIDP. n in Wendell	
	individuals (Individuals facility). This failt	egatively impact of the iduals #1 - #6) residing at the ire resulted in a lack of accurate MDER/SUPPLIER REPRESENTATIVES SIG			the process. They have be with staff training to assu	een assisting	(X0) DATE

TITLE

Any deficiency stetement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plane of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD STREET ADDRESS, CITY, STATE, 20 CODE 815 SECOND AVENUE WEST WENDELL, ID 83355		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:], ,		PLE CONSTRUCTION	(X3) DATE SU COMPLET	
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W 104	operating direction	body failed to provide sufficient over the facility to ensure	W	104	W 124 483.420(a)(2) PROT OF CLIENTS RIGHTS The written informed consen individual #3 have been revised.	ts for	
{W 124}	behavior modifying severity of the behavior severity of the behavior severity of the behavior severity of the associated risk previously cited at survey dated 9/16/2. These systematic finability to provide programs necessa and behavioral need 483.420(a)(2) PRORIGHTS	ailures resulted in the facility's individuals with appropriate by to meet their developmental ods.	{ ₩ 1	24}	include sufficient information reviewed with his guardian. In addition, Preferred Comm Homes has a plan to impleme systematic changes in the Administrative structure. We system there is a Westcare Representative in the Boise for a area that is responsible for or all of the PCH programs. The assignments are being revise to the responsibilities of each	n and unity ent ithin the egional Iwin Falls versight of ae d in regards	
	Therefore the facili parent (if the client of the client's medi and behavioral sta	nsure the rights of all clients. ty must inform each client, is a minor), or legal guardian, cal condition, developmental tus, attendant risks of ne right to refuse treatment.			With the revisions the QIDP within PCH is no longer responding the supervision of the DCA supervision of the DCA supervision of the DCA supervision of the DCA supervision of the programmatic needs of their residents including the written consents. A QIDP supervisor is being provide oversight and quality	oonsible for staff Instead focus on the assigned on informed thired to	
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{W 124}	a. Individual #3's P documented he re antipsychotic drug Individual #3's Wri Risperidone, dated "should further inc follow instructions Individual #3's Mer 10/20/10, stated th defined as hitting, slap. Individual #3's Wri clearly define the i Without clear infor outcome of the dru Individual #3's gua decision regarding During an interview a.m., the AQMRP for Risperidone ha accurate informati drug. The facility failed t Informed Consent sufficient informat informed treatmer b. Individual #3's r	whose diagnoses included etardation, ADHD, and autism. Physician's Order, dated 8/10, ceived Risperidone (an) 3 mg each evening. Itten Informed Consent for d 8/24/10, stated the drug rease [Individual #3's] ability to and increase his time on task." dication Reduction Plan, dated he drug was for aggression, slapping, and attempts to hit or itten Informed Consent did not intended outcome of the drug. That is would not be possible for ardian to make an informed its use. W on 10/27/10 from 8:33 - 11:15 stated Individual #3's consent and not been revised to include on regarding the use of the consure Individual #3's Written for Risperidone contained ion for his guardian to make	{W 1	24)	Person Responsible: Westcar Representative Completion Date: 1/1/11	re Regional	
	stated Clonidine (an antihypertensive drug) was 1 mg ½ tablet twice a day for 1	The state of the s				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT(FICATION NUMBER:	(X2) MUL A, BUILD	PLE CONSTRUCTION (X3) DATE SURVICEMENT COMPLETE:		
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{W 124}	form documented received from the partial the HRC on 9/27/1 not contain information intended use or possible the HRC on 10/15/10, which strincreased to 0.1 m documented telephoreceived from the partial the HRC on 10/19/10/10/10/10/10/10/10/10/10/10/10/10/10/	telephone consent had been guardian on 9/24/10 and from 0. However, the document did ation related to the drugs tential risks. The contained a second on Change Form, dated ated Clonidine was to be gethree times daily. The form none consent had been guardian on 10/18/10 and from 10. However, the document formation related to the drugs tential risks. The contained a second on Change Form, dated ated Clonidine was to be gethree times daily. The form none consent had been guardian on 10/18/10 and from 10. However, the document formation related to the drugs tential risks. The contained consent. When ation had been presented to nich to make decisions, the AQMRP stated she had be effect information she pulled with the guardian. When asked the effect information with the contained with the guardian with the contained at the contained to the contain	{W 124	W 137 483.420(a)(12) PROOF CLIENTS RIGHTS All of the grooming kits ha unlocked and each individue to their grooming kit. In addition, Preferred Come Homes has a plan to impler systematic changes in the Administrative structure. It systems there is a Westcare Representative in the Boise area that is responsible for all of the PCH programs. It assignments are being revist to the responsibilities of ea With the revisions the QID within PCH is no longer rethe supervision of the DCA they are assigned to strictly programmatic needs of the residents including protecting this. A QIDP supervisor to provide oversight and quassurance to the QIDP's at the Administrators of each be given revised job assign Administrators will no long responsible for the oversign QIDP staff; instead they we responsible for the staff in the general oversight of each	we been hal has access munity ment Within the Regional /Twin Falls oversight of The head in regards ch QIDP. P staff sponsible for a staff Instead focus on the rassigned ing their is being hired hality PCH. Also, facility will ments. The hear of the home and ch facility.	
(++ 101)	RIGHTS	nsure the rights of all clients.	₹ ₩ 101	PCH believes that with the that the general oversight was provided will be consistent	vith the care	

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{W 137}	have the right to repersonal possession. This STANDARD is Based on observate determined the fact had access to their 6 individuals (Individuals (Individuals). This result to freely access the include: 1. An observation of from 7:00 - 8:15 a. noted to take individuals in their groom. The cabinet was olk its for all six individuals in groom. The cabinet was olk its for all six individuals in their tooth brushes brushes, deodorant items. During an interview a.m., the Acting Qrimisunderstood what thought grooming is stored under locke. The facility failed to access to their grooms.	ity must ensure that clients tain and use appropriate ons and clothing. It is not met as evidenced by: ion and staff interviews, it was ility failed to ensure individuals personal possessions for 6 of duals #1- #6) residing in the ed in individuals not being able eir grooming kits. The findings was conducted on 10/25/10 m. During that time staff were duals into the laundry room to ng kits from a locked cabinet. Deserved to contain grooming duals residing in the facility. Ing kits were noted to include to the paste, combs, hair tooth paste, combs, hair tooth paste, combs, hair tooth paste and supplies were required to be deconditions.	{W 1	37)	W 159 483.430(a) QUALIFI MENTAL RETARDATION PROFESSIONAL The floor books in the home herevised to include the current	ED I I I I I I I I I I I I I I I I I I I	
{W 159}	RETARDÁTION P	FIED MENTAL	{W ·	159}	information and training plans progress notes for each indivi- also been revised and are curr date so that progress and regre be monitored.	dual have ently up to	

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{W 159}	This STANDARD Based on observatinterviews it was deensure the QMRP and coordination windividuals (Individuals #1 - #6 failure resulted in innecessary assessing required to meet the findings include: 1. On 10/26/10 at a program books us reviewed and comprogram charts location. The floor books die PCLP (all dated 9/2 plans. Additionally, each Behavior Slips, and previous PCLP. Findividual #2's floofine motor activities activities, and a list activities. It was not when asked, the A interview on 10/27 current PCLPs had books yet, related	age 7 ated and monitored by a sardation professional. is not met as evidenced by: ions, record review, and staff etermined the facility failed to provided sufficient monitoring which directly impacted 3 of 3 uals #1 - #3) reviewed, and had eact 6 of 6 individuals to receiving the ments, training, and monitoring heir behavioral needs. The 1:00 p.m., Individuals #1 - #3's end by staff (floor books), were pared to Individuals #1 - #3's end by staff (floor books), were pared to Individuals #1 - #3's end by staff (floor books), were pared to Individuals #1 - #3's end by staff (floor books), were pared to Individuals #1 - #3's end by staff (floor books), were pared to Individuals #1 - #3's end by staff (floor books), were pared to Individuals #1 - #3's end by staff (floor books), were pared to Individuals #1 - #3's end by staff (floor books), were pared to Individuals #1 and related to their urther, Individual #1 and r	{W 1	59}	In addition, Preferred Comme Homes has a plan to implem systematic changes in the Administrative structure. We system there is a Westcare Representative in the Boise/area that is responsible for on all of the PCH programs. The assignments are being revised to the responsibilities of each With the revisions the QIDP within PCH is no longer responsible to strictly programmatic needs of their residents including monitority books and making programment An QIDP supervisor is being provide oversight and quality to the QIDP's at PCH. Also Administrators of each facilgiven revised job assignment Administrators will no long responsible for the oversight QIDP staff; instead they will responsible for the staff in the general oversight of each PCH believes that with the inthat the general oversight we provided will be consistent. Person Responsible: Westca Representative Completion Date: 12/1/10	ent ithin the tegional Twin Falls versight of the ted in regards th QIDP. staff consible for staff Instead focus on the tassigned ing the floor revisions. g hired to y assurance to, the ity will be the tof the l be the home and the facility. revisions, ith the care	

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(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From particular plans were develop for Individual #3. Thad been focused individuals' BIPs. When asked about above, the AQMRF interview, stated the not individualized by When asked, the Fouring the interview whether materials were available for some side of the facility failed to complete for any The facility failed to complete for any	ATEMENT OF DEFICIENCIES A MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) age 8 bed but were not implemented he Acting QMRP stated they on revising and training staff on the lists of activities noted he lists were general and were hased on the individuals' needs. ASC, who was also present hy, stated she was not sure related to the listed activities staff and individuals. be ensure Individuals #1 - #3's hed current PCLPs and related and that the lists of activities hand associated materials staff and individuals. progress and regression individuals #1 - #3, the ring an interview on 10/27/10 a.m., notes had not been individuals since 6/10. be ensure program notes were ely fashion in order to assess is progress and regression. as it relates to the facility's he QMRP ensured an	ID PREF TAG	IX		ates to the ates to data ates to the behaviors. ates to the	(X5) COMPLETION DATE
	restrictive interventinformation. 4. Refer to W137 affailure to ensure the	informed consents for tions contained sufficient as it relates to the facility's a QMRP ensured individuals' personal possessions.			Person Responsible: Westcar Representative Completion Date: 12/1/10	re Regional	
		e QMRP ensured individuals' r personal possessions.					1

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A, BUI		IPLE CONSTRUCTION IG	(X3) DATE SU	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION OATE
(W 159)	Continued From pa	age 9	{W 1	59}			
	failure to ensure the numbers of direct of meet individuals' not a failure to ensure the assessments were accurately identified. 7. Refer to W218 a failure to ensure the assessments were identified an individual series. 8. Refer to W227 a failure to ensure the were developed to generate the collection was sufficient and the series.	as it relates to the facility's e QMRP ensured sufficient care staff were available to eeds. It is it relates to the facility's e QMRP ensured behavioral current, comprehensive, and d individuals' behavioral needs. It is it relates to the facility's e QMRP ensured sensorimotor updated and accurately dual's sensory needs. It is it relates to the facility's e QMRP ensured objectives address individuals' needs. It is it relates to the facility's e QMRP ensured diality's e QMRP ensured data icient to determine the efficacy avior intervention strategies.					
	failure to ensure the replacement plans	as it relates to the facility's e QMRP ensured the for individuals' maladaptive eloped to meet their behavioral					
	failure to ensure th	as it relates to the facility's e QMRP ensured individuals' ne location where program n could be found.					
	failure to ensure th	as it relates to the facility's e QMRP ensured individuals elated to their communication					1

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU			(X3) DATE SU COMPLE	TED
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(X4) JD PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION OATE
{W 159}	needs. 13. Refer to W248 failure to ensure the PCLPs were available. 14. Refer to W249 failure to ensure the training plans were. 15. Refer to W278 failure to ensure the restrictive interventiand proven to be in restrictive interventiand.	as it relates to the facility's e QMRP ensured individuals' ble to direct care staff. as it relates to the facility's e QMRP ensured individuals' developed and implemented. as it relates to the facility's e QMRP ensured less ions were systematically tried effective prior to implementing	{W 1	59}			
W 186	failure to ensure the modifying drugs we of the behavior was associated risks of Repeat Deficiency. 483.430(d)(1-2) DIFT The facility must prestaff to manage and accordance with the Direct care staff are on-duty staff calculated for each definition of the staff on observation interviews it was defined for the staff on observation of the staff	e QMRP ensured behavior are not used until the severity s shown to outweigh the	W	186	W 186 483.430(d)(1-2) DIRI CARE STAFF Individual #3 is currently assione to one staff as part of his plan. Currently there are 5 strassigned to the AM and PM shome. Preferred Community has scheduled quarterly core meetings. At the meetings the discuss the needs of each indithat the team can assure that are met including the staffing each individual. Person Responsible: Westcar Representative Completion Date: 12/1/10	igned a program aff shifts at the Homes team e team will ividual so all needs needs of	

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,				
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PCLP for 1 of 5 ind PCLPs were review individual's treatmed disrupted and had ability to consistent identified needs. To 1. The facility hous with moderate to provide ages ranged During the entrance 12:35 p.m., the Actuilized 4 staff on both The Acting QMRP Individual #5 require their behavior needs. The Acting QMRP conference that Individuals #1 - #6' showed their needs a. Individuals #1 - #6' showed their needs a. Individual #1's P documented a 21 y moderate mental redevelopmental discontraits. He community assistance and ges His PCLP stated he assistance to complete the property of the policy o	ividuals (Individual #3) whose wed. This resulted in another and being continuously the potential to impede staffs' ly meet other individuals' the findings include: ed six individuals diagnosed refound mental retardation, d from 12 to 21 years old. e conference on 10/25/10 at ing QMRP stated the facility oth the a.m. and p.m. shifts. stated Individual #1 and red one-to-one staffing due to its. stated during the entrance dividual #2 and Individual #6 had one staff working with all #3 and Individual #4 were one staff working with them. Is records were reviewed and so, as follows: CLP, dated 9/28/10, wear old male diagnosed with retardation, pervasive order, and autistic and OCD dicated by using 1 - 4 word stures. The required full physical olete all areas of	W	186			
	ROVIDER OR SUPPLIER RED COMMUNITY HO SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa PCLP for 1 of 5 ind PCLPs were review individual's treatmed disrupted and had a ability to consistent identified needs. T 1. The facility house with moderate to previous The Acting QMRP Individual #5 requir their behavior needs The Acting QMRP conference that Inc were grouped and them, and Individual grouped and had of Individuals #1 - #6' showed their needs a. Individual #1's P documented a 21 y moderate mental red developmental disc traits. He communicated the process His PCLP stated he assistance to comp housekeeping, mental and traffic safety and and traffic safety and and traffic safety and	F CORRECTION !DENTIFICATION NUMBER:	ROVIDER OR SUPPLIER RED COMMUNITY HOMES - COURTYARD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 PCLP for 1 of 5 individuals (Individual #3) whose PCLPs were reviewed. This resulted in another individual's treatment being continuously disrupted and had the potential to impede staffs' ability to consistently meet other individuals' identified needs. The findings include: 1. The facility housed six individuals diagnosed with moderate to profound mental retardation, whose ages ranged from 12 to 21 years old. During the entrance conference on 10/25/10 at 12:35 p.m., the Acting QMRP stated the facility utilized 4 staff on both the a.m. and p.m. shifts. The Acting QMRP stated Individual #1 and Individual #5 required one-to-one staffing due to their behavior needs. The Acting QMRP stated during the entrance conference that Individual #2 and Individual #6 were grouped and had one staff working with them, and Individual #3 and Individual #4 were grouped and had one staff working with them. Individuals #1 - #6's records were reviewed and showed their needs, as follows: a. Individual #1's PCLP, dated 9/28/10, documented a 21 year old male diagnosed with moderate mental retardation, pervasive developmental disorder, and autistic and OCD traits. He communicated by using 1 - 4 word utterances and gestures. His PCLP stated he required full physical assistance to complete all areas of housekeeping, meal planning and preparation, and traffic safety and survival skills. He required	ROVIDER OR SUPPLIER RED COMMUNITY HOMES - COURTYARD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSc IDENTIFYING INFORMATION) Continued From page 11 PCLP for 1 of 5 individuals (Individual #3) whose PCLPs were reviewed. This resulted in another individual's treatment being continuously disrupted and had the potential to impede staffs' ability to consistently meet other individuals' identified needs. The findings include: 1. The facility housed six individuals diagnosed with moderate to profound mental retardation, whose ages ranged from 12 to 21 years old. During the entrance conference on 10/25/10 at 12:35 p.m., the Acting QMRP stated the facility utilized 4 staff on both the a.m. and p.m. shifts. The Acting QMRP stated Individual #1 and Individual #5 required one-to-one staffing due to their behavior needs. The Acting QMRP stated during the entrance conference that Individual #2 and Individual #6 were grouped and had one staff working with them, and Individual #3 and Individual #4 were grouped and had one staff working with them. Individuals #1 - #6's records were reviewed and showed their needs, as follows: a. Individual #1's PCLP, dated 9/28/10, documented a 21 year old male diagnosed with moderate mental retardation, pervasive developmental disorder, and autistic and OCD traits. He communicated by using 1 - 4 word utterances and gestures. His PCLP stated he required full physical assistance to complete all areas of housekeeping, meal planning and preparation, and traffic safety and survival skills. He required	ROVIDER OR SUPPLIER RED COMMUNITY HOMES - COURTYARD STREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PLLL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 PCLP for 1 of 5 individuals (Individual #3) whose PCLPs were reviewed. This resulted in another individual's treatment being continuously disrupted and had the potential to impede staffs' ability to consistently meet other individuals' identified needs. The findings include: 1. The facility housed six individuals diagnosed with moderate to profound mental retardation, whose ages ranged from 12 to 21 years old. During the entrance conference on 10/25/10 at 12:35 p.m., the Acting QMRP stated the facility utilized 4 staff on both the a.m. and p.m. shifts. The Acting QMRP stated during the entrance conference that individual #2 and individual #3 were grouped and had one staff working with them, and Individual #4 and Individual #4 ere grouped and had one staff working with them. Individuals #1 - #6's records were reviewed and showed their needs, as follows: a. Individuals #1 - #6's records were reviewed and showed their needs, as follows: a. Individual #1's PCLP, dated 9/28/10, documented a 21 year old male diagnosed with moderate mental retardation, pervasive developmental disorder, and autistic and OCD traits. He communicated by using 1 - 4 word utterances and gestures. His PCLP stated he required full physical assistance to complete all areas of housekeeping, meal planning and preparation, and traffic safety and survival skills. He required	RED COMMUNITY HOMES - COURTYARD SUMMARY STATEMENT OF DESIGENCES (EACH DETICIENCY WIST EE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 11 PCLP for 1 of 5 individuals (Individual #3) whose PCLPs were reviewed. This resulted in another individual's treatment being continuously disrupted and had the potential to impede staffs' ability to consistently meet 12 to 21 years old. During the entrance conference on 10/25/10 at 12:35 p.m., the Acting QMRP stated Individual #1 and Individual #2 and Individual #2 and Individual #3 and Individual #3 and Individual #3 and Individual #4 were grouped and had one staff working with them, and Individuals #3 and Individual #4 were grouped and had one staff working with them, and Individuals #1 - #6's records were reviewed and showed their needs, as follows: a. Individuals #1 - #6's records were reviewed and showed their needs, as follows: a. Individuals #1 - \$P CLP, dated 9/28/10, documented a 21 year old male diagnosed with moderate mental retardation, proposed and had one staff working with them, and Individuals #3 and Individual #4 were grouped and had one staff working with them, and Individuals #3 and Individual #4 were grouped and had one staff working with them. Individuals #1 - #6's records were reviewed and showed their needs, as follows: a. Individuals #1 sp CLP, dated 9/28/10, documented a 21 year old male diagnosed with moderate mental retardation, pervasive developmental disorder, and autistic and OCD traits. He communicated by using 1 - 4 word utterances and gestures. His PCLP stated he required full physical assistance to complete all areas of housekeeping, meal planning and preparation, and traffic safety and survival skills. He required

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 186	Continued From pa	ge 12	W	186	a		
	verbal prompts to we shower/bath tasks, complete shaving a bed linens and make scoop food from a judation of liquid, and to wipe up his own management and substitution of liquid and the state of the shoving, and head biting self, hitting self, and head biting self, hitting self, and head self.	vipe after voiding, complete wash his face, brush his teeth, and nail care tasks, to change to his bed, to use a knife, to ar with a utensil, open a mix ingredients with a spoon, spills, and to complete money	••				
		equired one to one staff within waking hours due to his us behavior."					
	documented a 17 y profound mental re disorder. He comm expressions, body y behaviors. Addition by reaching toward	CLP, dated 9/28/10, ear old male diagnosed with tardation, autism, and seizure nunicated by facial positioning, and maladaptive nally, "He initiates and requests people or objects and protests away or moving away					
	assistance to comp showering/bathing, tooth brushing, gro- making, housekeer cooking and food p management. He i	nted he required full physical lete most areas of toileting, all hand washing, face washing, oming, hair care, dressing, bedoing, eating and dining, reparation, travel, and money required verbal prompts to ating, walk from room to room,					

AND PLAN C	ATEMENT OF DEFICIENCIES OF PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	RED COMMUNITY HO	DMES - COURTYARD		61	EET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST VENDELL, ID 83355	1012	772010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 186	to undress, sit, void on water. His BIP, dated 10/1 physical aggression hitting, pinching, schair), self abuse (deself, and banging his behavior (defined a designated area uneating non-food iteringing ingested for food stealing. c. Individual #3's Podocumented a 12 yincommented a	and flush the toilet, and turn 3/10, stated he engaged in a towards others (defined as ratching, slapping, and pulling efined as hitting self, biting is head), uncooperative is refusals and leaving a assisted), pica (defined as ms), rumination (defined as ms), rumination (defined as mod back up in his mouth), and CLP, dated 9/28/10, ear old male diagnosed with tardation, ADHD, and autism. by gesture and touch. Tequires assistance in most help" and he "is so busy directions it is hard for the bous." The defined full physical lete most areas of dress and undress, complete sks, all areas of cooking and avel, and money required light to full physical lete hand washing, face shing, grooming, make his bed, thing. He required verbal e all areas of toileting, turn off	W	186			

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING (NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
W 186	tasks. He required and tooth flossing. Individual #3's BIP, he engaged maladirequired consistent supervision. His maisruptive behavior dropping to the floot["place his arms at to jump up and dovexpress his wants at (defined as hitting, slap). d. Individual #4's Padocumented an 11 with moderate mensuith moderate mensuith moderate mensuith moderate of acial expressions. Her PCLP stated slassistance to comport comportion. Swipe thoroughly afting, wash her famouthwash, brush clothing, tie and unvacuum, take out the dishwasher and clegesture and modelither BIP, dated 10/2 uncooperative behavior screaming), destruptive behavior screaming), destruptive aking or kicking	staff to complete his hair care dated 10/13/10, documented aptive behaviors which staff monitoring and aladaptive behavior included (defined as yelling and or, and inappropriate touch around your neck and attempt or or grab arms abruptly to and needs."]) and aggression slapping, and attempts to hit or CLP, dated 9/28/10, year old female diagnosed tal retardation and autism. I by pointing to objects and the required full physical plete nail care, regularly and complete meal planning he required verbal prompts to be roiding, wash herself during ace, brush her teeth and use her hair, coordinate her tie her shoes, make her bed, he garbage, empty the part the table. She required ing to wash her hands. 20/10, stated she engaged in avior (defined as elopement), (defined as yelling and ction of property (defined as objects), and aggression pulling hair, kicking, slapping,	W 186				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1. ,	2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	DMES - COURTYARD		614	ET ADDRESS, CITY, STATE, ZIP CODE 5 SECOND AVENUE WEST ENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 186	biting, and scratchi According to her Bl of sight during wak maladaptive behav e. Individual #5's P documented a 19 y profound mental re communicated by s gestures, facial exy screaming, huffing. His PCLP stated he assistance to comp showering/bathing washing, most area most areas of groot buttoning and zippi eating and dining to preparation, medic his seat belt, mone and travel and traff prompts to turn on his body completel lower teeth, apply of dress, undress, rer his bed, put food in dishes from table, housekeeping task His BIP, revised 10 inappropriate social during the course of (defined as throwing and throwing and to uncooperative beh following simple co	P, she was to be in staff's line ing hours due to her iors. CLP, dated 9/28/10, rear old male diagnosed with stardation and autism. He some sign, some words, pressions, spitting, throwing, and hitting. Perequired full physical bete all areas of toileting, routines, hand washing, face as of tooth brushing, flossing, ming, most areas of hair care, ng clothing, most areas of asks, meal planning and ation administration, fastening by management and shopping, ic safety. He required verbal for water, rinse his body, dry y, brush his outside upper and deodorant, comb his hair, move soiled bedding and make at the refrigerator, and rernove He refused to complete s. 1/6/10, stated he engaged in all behaviors (defined as spitting of the day), property destruction and breaking his glasses,	W				

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	·ΙΧ	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 186	hitting, slapping, so objects), and self a top of hand/wrist ard drawing blood). Individual #5's BIP one staff person wi waking hours due to f. Individual #6's Podocumented an 18 moderate mental redisorder and perval He communicated some words, and whis PCLP stated his ocut meat in bite care, put on boots, required verbal propand dining tasks, uhis body, shampooteeth, place dirty cloordinate clothing complete meal placomplete most hour his BIP, dated 10/2 physical aggressio biting, grabbing, so inappropriate social on others), and unas refusing requesting the requestin	statching others, and throwing buse (defined as biting self on rea causing an abrasion or cut, stated he required a one to thin arms length during all to his maladaptive behaviors. CLP, dated 9/28/10, year old male diagnosed with etardation, disruptive behavior sive developmental disorder. by using some sign language, writing. The required physical assistance sized pieces, complete nail and tie his shoe laces. He ampts to complete most eating se the toilet, wash hands, rinse and condition hair, brush othes in the laundry, the change his bed linens, nning and preparation, and usekeeping skills. The required physical assistance sized pieces, complete nail and tie his shoe laces. He ampts to complete most eating se the toilet, wash hands, rinse and condition hair, brush othes in the laundry, the condition hair, brush othes in the laundry, and preparation, and usekeeping skills.	W	186			
	- 9/10), he exhibite	d aggression 388 times, at behavior 59 times, and					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD			6	REET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST NENDELL, ID 83355	10721	72010
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE .	(X5) COMPLETION DATE
W 186	10/25/10 from 3:30 from 7:00 - 8:15 a.r #3 was noted to be required constant s programming was of follows: During the observa 4:56 p.m., Individual throughout the facil gesturing to his sta was implementing Individual #4 in the staff consistently pr Individual #4 in the respond to the requiremental programming in the facil observation, the staff consistently prespond to the requiremental programming in the facil observation, the staff consistently prespond to the requiremental programming in the facil observation, the staff consistently prespond to the requiremental programming in the facil observation, the staff consistently prespond to the requiremental programming in the facil observation, the staff consistently present the facil observation, the staff consistent programming the facil programming th	are conducted at the facility on -5:15 p.m. and on 10/26/10 m. During that time, Individual extremely active such that he supervision and Individual #4's consistently disrupted, as tion on 10/25/10 from 3:35 - al #3 was noted to walk lity, periodically touching and ff. However, the staff person physical therapy programs with living room. It was noted the compted him to join herself and living room. He did not uests and continued to roam lity. Throughout the aff instructed Individual #4 to as she tried to redirect and	W	186			
	During the evening 5:16 p.m., Individual grab at the serving Additionally, he req prompts to use his food with his hands prompts to slow his constant needs ext the meal, staff was #4. Individual #4 w Individual #5's one-During the observa 8:03 a.m., the RSC staff. The RSC wa	meal on 10/25/10 from 4:57 - al #3 was noted to repeatedly dishes on the dining table. uired verbal and light physical utensils as he grabbed his s, and he required consistent eating pace. Because of the hibited by Individual #3 during not able to attend to Individual was left to the supervision of					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR COMPLETE				
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 195	In sum, Individual a increased staff more facility failed to meet Individual #4's treat disrupted. Further, Individuals #1, #2, possible to pair any Individual #3 and sidevelopmental and The facility failed to direct care staff to 483.440 ACTIVE To The facility must entreatment services. This CONDITION Based on observating interviews it was deen sure active treat each individual parprogram. This restactivities which addingeds and a lack correction or existing skills. To 1. Refer to W186 a failure to ensure sustaff were available 2. Refer to W196 a services.	ividual #3. #3's extensive needs required nitoring and supervision. The set that need such that iment was consistently given the identified needs of #4, #5, and #6, it would not be of those individuals with ufficiently meet their behavioral needs. I ensure there was sufficient meet Individual #3's needs. REATMENT SERVICES Insure that specific active requirements are met. It is not met as evidenced by: It is not met as evidenc		195	W 195 483.440 ACTIVE TREATMENT SERVICES Please refer to W186 as it rel facility staffing. Please refer to W196 as it rel continuous active treatment. Please refer to W214 as it rel behavioral assessments. Please refer to W218 as it rel sensorimator assessments	lates to lates to lates to lates to the lates to data lates to the behaviors. lates to the lates to the lates to the	

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) N A. BU		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	OMES - COURTYARD			TREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 195	3. Refer to W214 a failure to ensure be current, compreher individuals' behaviour. 4. Refer to W218 a fialure to ensure se updated and accursensory needs. 5. Refer to W227 a failure to ensure obtained and accursensory needs. 6. Refer to W237 a failure to ensure determine the efficintervention strategy. 7. Refer to W239 a failure to ensure the individuals' maladato meet their behaviour and to meet their behaviour and the found. 8. Refer to W241 a failure to ensure in location where procould be found.	is it relates to the facility's chavioral assessments were noive, and accurately identified oral needs. It is it relates to the facility's cases it relates to the facility's eately identified an individual's oral needs. It is it relates to the facility's oral needs. It is it relates to the facility's oral needs. It is it relates to the facility's oral needs. It is it relates to the facility's oral needs. It is it relates to the facility's oral needs oral needs. It is it relates to the facility's oral needs oral needs. It is it relates to the facility's oral needs oral needs. It is it relates to the facility's oral needs oral needs oral needs.	W	19			
	failure to ensure in available to direct of	as it relates to the facility's dividuals' PCLPs were					
		dividuals' training plans were					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	DMES - COURTYARD		61	EET ADDRESS, CITY, STATE, ZIP CODE 5 SECOND AVENUE WEST /ENDELL, ID 83355	10/2/	72010
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 196	developed and importance of staff, cand appropriate trained their develop behavioral needs. 483.440(a)(1) ACT Each client must retreatment program consistent implem specialized and geservices and relates subpart, that is directly of the client to function determination and (ii) The acquisition the client to function determination and (ii) The prevention or loss of current	railures resulted in the facility's individuals with sufficient omprehensive assessments, aining programs necessary to mental, communication, and IVE TREATMENT eceive a continuous active, which includes aggressive, entation of a program of neric training, treatment, health and services described in this	W	196	W 196 483.440(a)(1) ACTIVE TREATMENT The monthly progress notes of the individuals in the home has completed and are currently used that progress and regression monitored. All of the current programs for the individuals placed in the floor books so the staff has access to the current plans. The floor books in the have been revised to include information relevant to the curplans. In addition, Preferred Committed Homes has a plan to implement systematic changes in the Administrative structure. We system there is a Westcare Representative in the Boise/Tarea that is responsible for ovall of the PCH programs. The assignments are being revised to the responsibilities of each With the revisions the QIDP within PCH is no longer responsible supervision of the DCA see the supervision of the DCA see the responsibilities of the policy within PCH is no longer responsible for or the supervision of the DCA see the programs of the DCA see the program of the DC	for all of ave been up to date on can be t training have been that the t program e homes only the urrent unity ent ithin the egional Twin Falls versight of the d in regards in QIDP, staff consible for	
	were reviewed. The	ne programs did not include ent of individuals' strengths and					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1. ,	ULTIPI LDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETEO	
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	ROVIDER OR SUPPLIER	DMES - COURTYARD		618	EET ADDRESS, CITY, STATE, ZIP CODE 5 SECOND AVENUE WEST ENDELL, ID 83355		
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W 196	of current PCLPs, of implementation of the i	program data, implementation development and raining programs, individualized activities, or ag materials, as follows: progress and regression individuals #1 - #3, the ing an interview on 10/27/10 i.m., notes had not been individuals since 6/10. If accurate program notes for sision, the facility would not pertinent information on saments or complete ring. Additionally, it would not per programs would be on current function. 100 p.m., Individuals #1 - #3's and by staff (floor books), were pared to Individuals #1 - #3's ated in the facility's office. In floor books each contained slips, and training plans arious PCLP. The floor books in current PCLP (all dated)	W	196	Instead they are assigned to focus on the programmatic their assigned residents inc assuring that active treatme provided. A QIDP supervihired to provide oversight assurance to the QIDP's at the Administrators of each be given revised job assign Administrators will no long responsible for the oversigl QIDP staff; instead they we responsible for the staff in the general oversight of each PCH believes that with the that the general oversight we provided will be consistent. Person Responsible: Wester Representative Completion Date: 12/1/10	needs of luding ent is sor is being and quality PCH. Also, facility will ements. The ger be ht of the ill be the home and ch facility. revisions, with the care	

NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD SUMMARY STATEMENT OF DEFICIENCIES ID PREFEX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE ON THE APPROPRIATE DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY TAG W 198 Continued From page 22 individuals' BIPs. Without access to individuals' current PCLPs and related training plans, the facility would not be able to ensure individuals were receiving aggressive and consistent training, treatment, and services in accordance with their needs as identified in their current PCLPs. c. Individual #1 and Individual #2's floor books each contained a list of fine motor activities, a list of gross motor activities, and a list of recreation and leisure activities. It was noted the lists were general and were not individualized based on their needs. When asked, the RSC, who was present during the interview, stated she was not sure whether materials related to the listed activities were available for staff and individuals. Without information based upon individuals. Without information based upon individuals' assessed need for gross and fine motor activities, and recreation and leisure activities based upon individualized preferences, the facility would not be able to ensure individuals' routines were organized in such away as to ensure greater		ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	IULTIPL ILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD STREET ADDRESS, CITY, STATE, ZIP CODE 618 SECOND AVENUE WEST WENDELL, 1D 33355 (X4) ID PREFEX ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) W 196 Continued From page 22 individuals' BIPs. Without access to individuals' current PCLPs and related training plans, the facility would not be able to ensure individuals were receiving aggressive and consistent training, treatment, and services in accordance with their needs as identified in their current PCLPs. c. Individual #1 and Individual #2's floor books each contained a list of fine motor activities, a list of gross motor activities. It was noted the lists were identical. When asked about the lists of activities noted above, the AQMRP stated during an interview on 10/27/10 from 8:33 - 11:15 a.m., the lists were general and were not individualized based on their needs. When asked, the RSC, who was present during the interview, stated she was not sure whether materials related to the listed activities were available for staff and individuals. Without information based upon individuals' assessed need for gross and fine motor activities, and recreation and leisure activities based upon individualized preferences, the facility would not be able to ensure individuals' routiness were			13G057	B. WING				
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 196 Continued From page 22 individuals' BIPs. Without access to individuals' current PCLPs and related training plans, the facility would not be able to ensure individuals were receiving aggressive and consistent training, treatment, and services in accordance with their needs as identified in their current PCLPs. c. Individual #1 and Individual #2's floor books each contained a list of fine motor activities, a list of gross motor activities, and a list of recreation and leisure activities. It was noted the lists were identical. When asked about the lists of activities noted above, the AQMRP stated during an interview on 10/27/10 from 8:33 - 11:15 a.m., the lists were general and were not individualized based on their needs. When asked, the RSC, who was present during the interview, stated she was not sure whether materials related to the listed activities were available for staff and individuals. Without information based upon individuals' assessed need for gross and fine motor activities, and recreation and leisure activities based upon individualized preferences, the facility would not be able to ensure individuals' routines were			OMES - COURTYARD		615	S SECOND AVENUE WEST		
individuals' BIPs. Without access to individuals' current PCLPs and related training plans, the facility would not be able to ensure individuals were receiving aggressive and consistent training, treatment, and services in accordance with their needs as identified in their current PCLPs. c. Individual #1 and Individual #2's floor books each contained a list of fine motor activities, a list of gross motor activities, and a list of recreation and leisure activities. It was noted the lists were identical. When asked about the lists of activities noted above, the AQMRP stated during an interview on 10/27/10 from 8:33 - 11:15 a.m., the lists were general and were not individualized based on their needs. When asked, the RSC, who was present during the interview, stated she was not sure whether materials related to the listed activities were available for staff and individuals. Without information based upon individuals' assessed need for gross and fine motor activities, and recreation and leisure activities based upon individualized preferences, the facility would not be able to ensure individuals' routines were	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PRE		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETION
independence and choice. Additionally, without availability of, and access to needed materials, it would not be possible for staff to implement identified activities. The facility failed to ensure active treatment services were sufficiently developed and implemented, and available to direct care staff, in order to ensure Individuals #1 - #3 had current	W 196	individuals' BIPs. Without access to related training planable to ensure indivaggressive and conservices in accordate identified in their current contained a life of gross motor activand leisure activities identical. When asked about above, the AQMRF 10/27/10 from 8:33 general and were retheir needs. When present during the sure whether mate activities were available to ensure it organized in such independence and availability of, and would not be possified activities. The facility failed to services were sufficiently and	individuals' current PCLPs and his, the facility would not be viduals were receiving his istent training, treatment, and ance with their needs as urrent PCLPs. Id Individual #2's floor books ist of fine motor activities, a list vities, and a list of recreation is. It was noted the lists were is the lists of activities noted in asked, the RSC, who was interview, stated she was not rials related to the listed illable for staff and individuals. In based upon individuals' gross and fine motor activities, leisure activities based upon individuals' routines were a way as to ensure greater choice. Additionally, without access to needed materials, it is be for staff to implement of ensure active treatment inciently developed and available to direct care staff, in		196			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ATION NUMBER: COMPLETED				
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 196	PCLPs, training prorelated to their progracility failed to ensineeds for gross an accurate. The faciliand leisure activities individualized prefewere available for \$483.440(c)(3)(iii) IN The comprehensividentify the client's behavioral manage. This STANDARD Based on observatinterview it was detensure behavioral accurate and comparts individuals (Individuals (Individuals (Individuals accurate and comparts were lack of information intervention decision. 1. Individual #2's PCL physical aggression hitting, pinching, so hair), self abuse (didself, and banging from the behavior (defined a designated area une eating non-food ite.	ograms, and program notes gress and regression. The ure individuals' assessed of fine motor activities were lity failed to ensure recreation as were based upon erences and needed materials staff and individuals. NDIVIDUAL PROGRAM PLAN be functional assessment must specific developmental and	W 2	196	W 214 483.440(c)(3)(iii) INDIVIDUAL PROGRAM Preferred Community Homes assured that individual #2's P behavior assessments were re include accurate and up to da	has CLP and vised to te ogress s in the nd are ogress and All of the the in the as access The floor n revised to relevant to unity ent ithin the egional Twin Falls versight of the d in regards n QIDP, staff consible for	

	AN OF CORRECTION DENTIFICATION NUMBER:		(X3) DATE SU COMPLE				
			A. BU	ILDING		R⊸C	
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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD			STREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAC	ıx	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIED (ENCY) Instead they are assigned to service to the correct	OULD BE ROPRIATE	(X5) COMPLETION DATE
{W 214}	dated 10/18/10, did stealing behavior. QMRP stated durin from 8:33 - 11:15 a Individual #2's Beh be revised. Further, Individual required one to one waking hours, to distealing and the phoccur if he swallow texture. However, during of 10/26/10 for a cum Individual #2 was not staffed mechanical soft, no stated Individual #2 was not staffed mechanical soft, no stated Individual #2 revised. The facility failed to Behavioral Assessing food stealing but to ensure his Assessing stated in the stated in th	al #2's Behavioral Assessment, a not identify or assess his food When asked, the Acting an interview on 10/27/10 a.m., it was an oversight and avioral Assessment needed to #2's Assessment stated he a staffing, arms length during ecrease incidents of food ayed food that was not pureed abservations on 10/25/10 and aulative 2 hours 30 minutes, not noted to be staffed on a one and his diet was not pureed. The Acting QMRP 2's Assessment needed to be consure Individual #2's ment identified and assessed ehavior. The facility also failed assment contained accurate I to his staffing needs and	{W 2	214}	focus on the programmatic not their assigned residents incluses assuring that adequate assess completed. A QIDP supervision hired to provide oversight and assurance to the QIDP's at Pethe Administrators of each fabe given revised job assignm Administrators will no longer responsible for the oversight QIDP staff; instead they will responsible for the staff in the the general oversight of each PCH believes that with the rethat the general oversight with provided will be consistent. Person Responsible: Westcar Representative Completion Date: 12/1/10 W 218 483.440(c)(3)(v) INI PROGRAM PLAN	eeds of ding ments are sor is being d quality CH. Also, cility will ents. The r be of the be e home and facility. Exisions, the the care re Regional	
W 218		. NDIVIDUAL PROGRAM PLAN re functional assessment must	w	218	Preferred Community Home brought in an experienced O Therapist to assess the senso each individual in the facility	ccupational ry needs of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	1, ,		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		13G057	B, WIN	IG	***************************************	10/27/	
NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD				61	EET ADDRESS, CITY, STATE, ZIP CODE IS SECOND AVENUE WEST /ENDELL, ID 83355		
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORR PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE AF DEFICIENCY)		ULD BE	(X5) COMPLETION DATE
W 218	include sensorimote This STANDARD is Based on record rewas determined the sensorimotor assess needed for 1 of 3 in whose sensorimotor. This resulted in an therapy assessmer reflection of his cur include: 1. Individual #2's P documented a 17 y profound mental redisorder. Individual #2's PCL (defined as eating is (defined as bringing mouth). His PCLP behavior for pica as "[Individual #2] will with light physical publication needs a integration meads a integration was not Therapist. When asked, the A interview on 10/27/Individual #2 needs	-	W	218	Future Occupational Assessmalso be completed by an experior Occupational Therapist. In addition, Preferred Community Homes has a plan to impleme systematic changes in the Administrative structure. Wis system there is a Westcare Referesentative in the Boise/Tarea that is responsible for ovall of the PCH programs. The assignments are being revised to the responsibilities of each With the revisions the QIDP within PCH is no longer responsible supervision of the DCA stantant and their assigned residents included sensory motor assessments for individual. A QIDP supervishired to provide oversight and assurance to the QIDP's at PC the Administrators of each fabe given revised job assignment Administrators will no longer responsible for the oversight QIDP staff; instead they will responsible for the staff in the the general oversight of each PCH believes that with the rethat the general oversight with provided will be consistent. Person Responsible: Westcar Representative Completion Date: 12/1/10	rienced inity int thin the egional win Falls ersight of in regards QIDP. staff onsible for iaff. trictly eds of ding the or each or is being if quality CH. Also, cility will ents. The be of the be home and facility. visions, the care	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD			61	EET ADDRESS, CITY, STATE, ZIP CODE 5 SECOND AVENUE WEST ENDELL, ID 83355	Jana	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 218	The facility failed to occupational thera address his senso	age 26 o ensure Individual #2's py assessment was updated to ry integration needs. IVIDUAL PROGRAM PLAN	W 218	W 227 483.440(c)(4) INDIV PROGRAM PLAN The PCLP for individual #2 h revised and an objective for for	nas been	l
	objectives necess as identified by the	gram plan states the specific ary to meet the client's needs, e comprehensive assessment raph (c)(3) of this section.		stealing. The PCLP for indiv has been revised to include of meet his emotional needs. In addition, Preferred Common Homes has a plan to impleme systematic changes in the Administrative structure. Wi	ridual #1 bjectives to unity ent	
	Based on record r was determined th individuals' PCLPs their needs for 3 c #3) whose assess were reviewed. T plans designed to	is not met as evidenced by: eview and staff interviews, it ne facility failed to ensure is included objectives to meet if 3 individuals (Individuals #1 - ments, PCLP, and objectives his resulted in a lack of program address the needs of is most likely to impact their life. de:		system there is a Westcare Re Representative in the Boise/T area that is responsible for ovall of the PCH programs. The assignments are being revised to the responsibilities of each With the revisions the QIDP within PCH is no longer resp the supervision of the DCA so Instead they are assigned to s	egional Win Falls versight of e in regards QIDP. staff onsible for taff. trictly	
	documented a 17 profound mental r disorder. Individual #2's PC physical aggression hitting, pinching, shair), self abuse (conself, and banging behavior (defined designated area upeating non-food items.	PCLP, dated 9/28/10, year old male diagnosed with etardation, autism, and seizure LP stated he engaged in on towards others (defined as cratching, slapping, and pulling defined as hitting self, biting his head), uncooperative as refusals and leaving a massisted), pica (defined as ems), rumination (defined as food back up in his mouth), and		focus on the programmatic not their assigned residents incluverifying that the needs of ea individual are met. A QIDP is being hired to provide over quality assurance to the QIDI Also, the Administrators of e will be given revised job assi The Administrators will no loresponsible for the oversight QIDP staff; instead they will responsible for the staff in the the general oversight of each PCH believes that with the rethat the general oversight with provided will be consistent.	ding ch supervisor rsight and P's at PCH. ach facility gnments. onger be of the be e home and facility. evisions,	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED				
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		13G057				10/27	7/2010
	ROVIDER OR SUPPLIER RED COMMUNITY HO	DMES - COURTYARD		6	REET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{W 227}	when asked, the A interview on 10/27/there was no object oversight. The facility failed to Individual #2's food developed. 2. Individual #1's Pedocumented a 21 y moderate mental redevelopmental discitraits. Individual #1's Behalo/18/10, stated heaggression (defined scratching, kicking, self abuse (defined head banging), and leaving the facility of factors included "new #1's] emotional needs as Assessment.	did not contain an objective of ling. cting QMRP stated during an 10 from 8:33 - 11:15 a.m., tive for food stealing; it was an ensure objectives related to stealing behavior was CLP, dated 9/28/10, tear old male diagnosed with etardation, pervasive order, and autistic and OCD avioral Assessment, dated engaged in physical das hitting, biting, pinching, shoving, and head butting), as biting self, hitting self, and delopement (defined as without staff). Sustaining to one addressing [Individual]	{W 2	227}	Please refer to W242 as it rela communication needs. Person Responsible: Westcare Representative Completion Date: 12/1/10		
		tional needs were developed.					119

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BU	LDING	·	R-C	
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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD				61	EET ADDRESS, CITY, STATE, ZIP CODE 5 SECOND AVENUE WEST ENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) W 237 483.440(c)(5)(iv)	ULD BE	(X5) COMPLETION DATE
{W 227}	Continued From pa	ge 28	{W 2	27}	INDIVIDUAL PROGRAM	PLAN	
{W 237}	failure to ensure inc training to address Repeat Deficiency. 483.440(c)(5)(iv) IN Each written trainin implement the obje program plan must frequency of data of	s it relates to the facility's dividuals' were provided their communication needs. IDIVIDUAL PROGRAM PLAN g program designed to ctives in the individual specify the type of data and collection necessary to be able toward the desired objectives.	{₩ 2	237}	The behavior slips for all ind living at the facility have bee the current behavior slips are individualized and prompt the care staff to document clearly interventions were used in reexhibited maladaptive behave how the individuals respond intervention. In addition, Preferred Committer has a plan to impleme systematic changes in the Administrative structure. Wi	e direct y which lation to iors and to each unity	
	Based on record redetermined the fact data collected was efficacy of the interindividuals (Individual intervention programeviewed, By not ecollection, the facilidecisions regarding lack of success. The success of the success of the success of the secondaried three secondaried three secondaried three secondaried three secondaries of the success of the success of the success of the secondaries of the secondaries of the secondaries of the secondaries of the success of t	This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure the type of data collected was sufficient to determine the efficacy of the intervention strategies for 3 of 3 individuals (Individuals #1 - #3) whose behavior intervention programs and behavior slips were reviewed. By not ensuring appropriate data collection, the facility could not make objective decisions regarding the individuals' success or lack of success. The findings include: 1. Individuals #1 - #3's Behavior Slips, dated 10/20/10 - 10/26/10, were reviewed. The Slips contained three sections titled Antecedent, Behavior, and Consequence. Staff were required to complete the Antecedent and Behavior section in a narrative format. However, under the section titled Consequence was a list of interventions. Staff were to circle		Andrew Company	system there is a Westcare Re Representative in the Boise/I area that is responsible for ow all of the PCH programs. The assignments are being revised to the responsibilities of each With the revisions the QIDP within PCH is no longer responsibilities of the supervision of the DCA so Instead they are assigned to so focus on the programmatic net their assigned residents incluverifying that all maladaptive is documented in an individual sheet with narrative informat when interventions were used relation to exhibited behavior supervisor is being hired to poversight and quality assurant QIDP's at PCH. Also, the Administrators of each facilitie given revised job assignment	Cwin Falls versight of e d in regards QIDP. staff onsible for taff. trictly eeds of ding e behavior alized data ion about d in r. A QIDP rovide ce to the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 '		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		136057				10/27	7/2010
	ROVIDER OR SUPPLIER RED COMMUNITY HO	DMES - COURTYARD		61	EET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST /ENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) The Administrators will no	ULD BE OPRIATE	(X5) COMPLETION · DATE
(W 237)	The Consequence when the intervention response to the intervention response to the intervention was no information response to the intervence of the interview on 10/27/Behavior Slips were include narrative or Without compreher consequence of the possible for the facility would not the staff implementervention, and wwas effective. The facility failed to collected for individed sufficient assess the efficacy.	data did not clearly specify ons were used in relation to daptive behaviors and there related to Individuals #1 - #3's erventions. Further, so Slips were identical; they zed. dministrator stated during an 10 from 8:33 - 11:15 a.m., the enot individualized and did not summary information. Insive data regarding the enote behavior, it would not be elility to adequately assess individuals' behavior ies were adequate. Further, of the able to identify whether or mented the appropriate the hether or not the intervention of the intervention of the intervention of the intervention strategies.	{W 2	Account of the control of the contro	responsible for the oversight QIDP staff; instead they will responsible for the staff in the the general oversight of each PCH believes that with the re that the general oversight with provided will be consistent. Person Responsible: Westcar Representative Completion Date: 12/1/10	of the be home and facility. visions, h the care	
	implement the obje program plan must appropriate expres replacement of ina	g program designed to ctives in the individual specify provision for the sion of behavior and the opropriate behavior, if navior that is adaptive or		NE OLIVE THE COMMENT OF THE PARTY OF THE PAR	Preferred Community Homes revised the PCLP's for all six individuals to include a replate behavior that addresses each function of each behavior assumaladaptive.	s has c cement potential	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			RVEY TED
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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD				61	EET ADDRESS, CITY, STATE, ZIP CODE IS SECOND AVENUE WEST (ENDELL, ID 83355		
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			(X5) COMPLETION DATE
{W 239}	Based on record redetermined the facilappropriate replace identified and incordintervention program (Individuals #1 - #3) plans were reviewed not receiving training behaviors. The find 1. Individual #1's Podocumented a 21 ymoderate mental redevelopmental disordinates. Individual #1's Behat 10/18/10, stated he aggression (defined scratching, kicking, self abuse (defined head banging), and leaving the facility with the maladaptive between his family and the factors included "no #1's] emotional nee expressing wants/n However, Individual replacement behav behaviors which state break in a quiet are outside." It was not	s not met as evidenced by: view and staff interview, it was lity failed to ensure ment behaviors were porated into the behavior ms for 3 of 3 individuals) whose behavior intervention d. This resulted in individuals ig to replace maladaptive dings include: CLP, dated 9/28/10, ear old male diagnosed with etardation, pervasive order, and autistic and OCD avioral Assessment, dated engaged in physical d as hitting, biting, pinching, shoving, and head butting), as biting self, hitting self, and elopement (defined as without staff). The function of haviors included wanting to be one addressing [Individual dos" and "continued difficulty in eeds." I #1's PCLP contained one ior for all of his maladaptive ated "[Individual #1] will take a a, such as his room or is clear as to how taking a ally related to wanting to see	{W 2	39}	In addition, Preferred Communer Homes has a plan to implement systematic changes in the Administrative structure. With system there is a Westcarc Regresentative in the Boise/Town area that is responsible for overall of the PCH programs. The assignments are being revised to the responsibilities of each with the revisions the QIDP's within PCH is no longer responsible focus on the programmatic nest their assigned residents including their assigned residents including the replacement behaviors for each of behavior assumed to be made A QIDP supervisor is being the provide oversight and quality to the QIDP's at PCH. Also, Administrators of each facility given revised job assignments Administrators will no longer responsible for the oversight of QIDP staff; instead they will be responsible for the staff in the the general oversight of each PCH believes that with the rethat the general oversight with provided will be consistent. Person Responsible: Westcard Representative Completion Date: 12/1/10	hin the gional win Falls win Falls ersight of in regards QIDP. taff ensible for aff. rictly eds of ing h dentifying h function ladaptive. ired to assurance the y will be the be home and facility. visions, the care	

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER PREFERRED COMMUNITY HOMES - COURTYARD				61	EET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST /ENDELL, ID 83355			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
(W 239)	When asked, the A interview on 10/27/ specific replaceme function of wanting were not developed. 2. Individual #2's P documented a 17 y profound mental redisorder. His PCLP stated he aggression towards pinching, scratchin self abuse (defined banging his head), (defined as refusal area unassisted), pnon-food items), ruingested food back stealing. Individual #2's Beh 10/18/10, did not in maladaptive behavincluded wanting a to appropriately conneeds." However, Individual replacement behaving and uncooperative "[Individual #2] will the couch with self minutes" It was a break was function and communicating	Acting QMRP stated during an (10 from 8:33 - 11:15 a.m., nt behaviors related to the to see family or being bored	{W 2	39)			.1	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1. ,		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	DMES - COURTYARD		6	REET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355		
(X4) ID PREFIX TAG	EX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACTI TAG CROSS-REFERENCED TO TO		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
{W 239}	which stated "[Indivisensory activities witimes a month" However, his Behaidentify or assess shis PCLP stated seevaluated by the O When asked, the Ainterview on 10/27/replacement behave each behavior base Acting QMRP state re-assessed by the address sensory in 3. Individual #3's Behadress sensory in 12 year old male with profound mental resultance in the land (defined as yelling, falling to the floor). maladaptive behave attention, not gettin wanted when he with appropriately communication in the wappropriately communication. The land was a possible to the land was a possible	ior for pica and rumination ridual #2] will engage in vioral Assessment did not ensory integration needs and insory integration was not ecupational Therapist. Acting QMRP stated during an 10 from 8:33 - 11:15 a.m., riors were not developed for ed on their function. The ed Individual #2 needed to be Occupational Therapist to tegration. All PCLP stated he was a hose diagnoses included tardation, ADHD, and autism. avioral Assessment, revised engaged in physical das hitting, slapping, and slap), and disruptive behaviors inappropriate touching, and The function of the iors included wanting fulling attention, not getting what he anted it, and the inability to nunicate his wants and needs. All #3's PCLP did not include viors for his identified	{W 2	:39}			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER RED COMMUNITY HO	DMES - COURTYARD	STREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355				
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{W 239}	replacement behave Individual #3's malabeen developed du. The facility failed to replacement behave incorporated into the programs for Individual programs for Individual programs for individual programs for important in the individual program beaution where programs and training programs for important individuals' PCLPs program strategy in of 3 individuals (Incorporary books weld irect care staff not training programs findings include: 1. On 10/26/10 at 1 program books use reviewed and compared program charts loc Each floor book co Slips, and training	ensure appropriate iors were identified and ebehaviors had not ensure appropriate iors were identified and e behavior intervention	{W 2	241	W 24I 483.440(c)(6)(ii) IND PROGRAM PLAN The floor books have been revall individuals in the home an consistent table of contents wincludes the PCLP and all relatraining programs. It has been to all for all of the QIDP's that expected that the PCLP is impass soon as possible after the period meeting occurs, ideally within To give the QIDP's time to dethese plans in this time period systematic change is occuring PCH. Within the system ther Westcare Regional Represent the Boise/Twin Falls area that responsible for oversight of a PCH programs. The assignment being revised in regards to the responsibilities of each QIDP revisions the QIDP staff with no longer responsible for the supervision of the DCA staff, they are assigned to strictly for programmatic needs of their aresidents including assuring the PCLP's are developed and in in a timely manner after a planeeting has occurred. A QII supervisor is being hired to poversight and quality assurant QIDP's at PCH.	vised for d have a hich ated n clarified at it is plemented clanning n a week. evelop l a g within e is a tative in t is ll of the ents are e l. With the in PCH is linstead ocus on the assigned hat uning DP rovide	
	PCLP. The floor books did	l not contain individuals'			Also, the Administrators of facility will be given revised		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 241	current PCLPs or to objectives identified 9/28/10. When asked, the A interview on 10/27/current PCLPs had books yet. The Act plans had not been and #2, and training were not implement Acting QMRP state after the PCLP was training plans. The facility failed to identified the location information could be implement those pure 483.440(c)(6)(iii) IN The individual programment the clients who is skills essential for pure (including, but not lipersonal hygiene, obathing, dressing, of basic needs), unthat the client is deacquiring them. This STANDARD Based on record redetermined the factoric independence of (individuals #1 - #3)	raining plans related to the d in their PCLPs, all dated din their PCLPs, all dated detecting QMRP stated during an 10 from 8:33 - 11:15 a.m., not been put in the floor ting QMRP stated training developed for Individuals #1 g plans were developed but ted for Individual #3. The d he thought they had 30 days a developed to implement developed to implement of ensure individuals' PCLPs on where program strategy we found in order for staff to		241	assignments. The Administration olonger be responsible for the oversight of the QIDP staff; in they will be responsible for the the home and the general over each facility. PCH believes the the revisions, that the general with the care provided will be consistent. Person Responsible: Westcare Representative Completion Date: 12/1/10 W 242 483.440(c)(6)(iii) INDIVIDUAL PROGRAM Preferred Community Homes revised the PCLP's for all six individuals to include a replace behavior that addresses each pfunction of each behavior assimaladaptive. Also, PCH has each speech assessment and with that appropriate training programment and implemented for recommendation. In some cateam discussed the recommendation. In some cateam discussed the recommendation and prioritized which recommended should be addressed first and needs should be addressed as training objectives. In these cateam discussion has been outlincluded within the PCLP. In addition, Preferred Communiculation, Preferred Communicu	PLAN has rement cotential mediate to be reviewed rerified rams are reach ses the dations mendation if the service or cases, the lined and unity	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPROPRIES OF THE PROPRIES OF THE PROVIDENCY Within the system there is a W	ULD BE COPRIATE Vestcare	(X5) COMPLETION DATE
W 242	individuals not having to meet their comminclude: 1. Individual #1's Performed a 21 ymoderate mental redevelopmental discontraits. Individual #1's Beha 10/18/10, stated he aggression (defined scratching, kicking, self abuse (defined head banging), and leaving the facility volume in the sustaining factors in expressing wants/numbers and the sustaining factors in expression and the susta	raining programs designed funication needs. The findings of the finding o	W	242	Regional Representative in the Boise/Twin Falls area that is responsible for oversight of all PCH programs. The assignme being revised in regards to the responsibilities of each QIDP. revisions the QIDP staff within no longer responsible for the supervision of the DCA staff. they are assigned to strictly for programmatic needs of their a residents including assuring that are developed after assessment completed. A QIDP supervise hired to provide oversight and assurance to the QIDP's at PC the Administrators of each fact be given revised job assignment Administrators will no longer responsible for the oversight of QIDP staff; instead they will be responsible for the staff in the the general oversight of each the PCH believes that with the rest that the general oversight with provided will be consistent. Person Responsible: Westcare Representative Completion Date: 12/1/10	With the ents are With the n PCH is Instead cus on the ssigned nat needs at needs at second its are or is being quality c.H. Also, cility will ents. The beat home and facility. visions, in the care	
		e engaged in physical sothers (defined as hitting,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	DMES - COURTYARD		61	EET ADDRESS, CITY, STATE, ZIP CODE 15 SECOND AVENUE WEST VENDELL, ID 83355		
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W 242	Continued From pa	ge 36	W	242			
	self abuse (defined banging his head), (defined as refusals area unassisted), p non-food items), ru	g, slapping, and pulling hair), as hitting self, biting self, and uncooperative behavior s and leaving a designated ica (defined as eating mination (defined as bringing up in his mouth), and food		1 mar			
	10/18/10, stated su	avioral Assessment, dated staining factors "continued ately communicate his wants		and the second s			
		I #2's PCLP did not contain o communicating wants and					7,7
	interview on 10/27/ Individual #2 did no	cting QMRP stated during an 10 from 8:33 - 11:15 a.m., it have objectives related to his eds as identified in his ment.					
	12 year old male w	28/10 PCLP stated he was a hose diagnoses included tardation, ADHD, and autism.					
	recommended form for imitating fine mo motor movements,	ech Evaluation, dated 2/2/10, nal communication programs otor, gross motor and oral imitating a set of actions with ne step directions, and using play objects.		And the state of t			
	However, his PCLF related to his comm	did not contain objectives nunication needs.		,			
	When asked, the A	cting QMRP stated during an					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (2		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 248	Individual #3 did no communication need Evaluation. The facility failed to place to address in communication need 483.440(c)(7) INDI A copy of each clie made available to a of other agencies with the client, parents in guardian. This STANDARD Based on record rewas determined the of each individual's who worked with the individuals (Individuals (Indivi	10 from 8:33 - 11:15 a.m., of have objectives related to his eds as identified in his Speech of the second of the	W 24	W 248 483.440(c)(7) INDIV PROGRAM PLAN The floor books have been re all individuals in the home ar consistent table of contents wincludes the PCLP and all rel training programs. It has beet to all for all of the QIDP's the expected that the PCLP is im as soon as possible after the preeting occurs, ideally within To give the QIDP's time to dithese plans in this time period systematic change is occuring PCH. Within the system there Westcare Regional Represent the Boise/Twin Falls area that responsible for oversight of a PCH programs. The assignment being revised in regards to the responsibilities of each QIDF revisions the QIDP staff with no longer responsible for the supervision of the DCA staff they are assigned to strictly for programmatic needs of their residents including assuring the PCLP's are developed and in	evised for and have a which lated on clarified at it is plemented planning in a week, eveloped a gwithin re is a tative in at it is all of the lents are e. With the lents are e. With the land ocus on the assigned that inplemented	
	The floor books did	I not contain their current	i	in a timely manner after a pla meeting has occurred.	nnmg	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		` IDENTIFICATION NUMBER:		ULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 248 {W 249}	PCLP, all dated 9/2 When asked, the A interview on 10/27/ current PCLPs had books yet. The Ac been focused on re individuals' BIPs. The facility failed to were available to d 483.440(d)(1) PRC	28/10. Acting QMRP stated during an (10 from 8:33 - 11:15 a.m., I not been put in the floor ting QMRP stated they had evising and training staff on the control of the cont	W:	248	provide oversight and quality to the QIDP's at PCH. Also, Administrators of each facility given revised job assignments Administrators will no longer responsible for the oversight of QIDP staff; instead they will be responsible for the staff in the the general oversight of each if PCH believes that with the revitat the general oversight with provided will be consistent. Person Responsible: Westcare	assurance the will be The be of the home and facility. visions, the care	
	formulated a client each client must restreatment program interventions and sand frequency to sobjectives identified plan. This STANDARD Based on record rewas determined the individuals received consistent with the (Individuals #1 - #3 plans were reviewed not receiving training their PCLPs. The 1. On 10/26/10 at program books us reviewed and com	erdisciplinary team has 's individual program plan, eceive a continuous active consisting of needed services in sufficient number upport the achievement of the d in the individual program is not met as evidenced by: eview and staff interviews, it e facility failed to ensure d training and services in PCLPs for 3 of 3 individuals by whose PCLPs and training ed. This resulted in individuals and services consistent with findings include: 1:00 p.m., Individuals #1 - #3's ed by staff (floor books), were pared to Individuals #1 - #3's eated in the facility's office.		The statement of the st	Representative Completion Date: 12/1/10 W 249 483.440(d)(1) PROGITMPLEMENTATION The floor books have been revall individuals in the home and consistent table of contents whincludes the PCLP and all relatraining programs. It has been to all for all of the QIDP's that expected that the PCLP is impassion as possible after the pimeeting occurs, ideally within To give the QIDP's time to dethese plans in this time period systematic change is occuring PCH. Within the system there Westcare Regional Representative Boise/Twin Falls area that responsible for oversight of all PCH programs. The assignment being revised in regards to the responsibilities of each QIDP.	vised for d have a hich ated in clarified at it is olemented lanning a week. evelop a within e is a ative in is 1 of the eents are	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ., .	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	DMES - COURTYARD	6	REET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST NENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) With the revisions the QIDP	ULD BE ROPRIATE	(X5) COMPLETION DATE
{W 249}	Each floor book con Slips, and training p PCLP. The floor books did plans related to the PCLPs, all dated 9/ When asked, the A interview on 10/27/ related training plan individuals #1 and a developed but were Individual #3. The sthought they had 30 developed to imples The facility failed to based upon Individual were developed an Repeat Deficiency.	ntained their BIP, Behavior plans related to their previous not contain current training objectives identified in their 28/10. cting QMRP stated during an 10 from 8:33 - 11:15 a.m., as had not been developed for #2, and training plans were a not implemented for Acting QMRP stated he 0 days after the PCLP was ment training plans. ensure training programs ual #1 - #3's current PCLPs	(W 249)	within PCH is no longer resp the supervision of the DCA s Instead they are assigned to s focus on the programmatic no their assigned residents inclu- assuring that PCLP's are dev implemented in a timely man planning meeting has occurre QIDP supervisor is being hire provide oversight and quality to the QIDP's at PCH. Also Administrators of each facilit given revised job assignment Administrators will no longer responsible for the oversight QIDP staff; instead they will responsible for the staff in the the general oversight of each PCH believes that with the re that the general oversight wit provided will be consistent. Person Responsible: Westear	onsible for taff. trictly eeds of ding eloped and ner after a ed. A ed to assurance, the ey will be s. The r be of the be e home and facility. evisions, h the care	
	This CONDITION Based on observati interviews it was de ensure techniques behavior were suffi and monitored. Th	is not met as evidenced by: ion, record review, and staff etermined the facility failed to used to manage inappropriate ciently assessed, developed is failure resulted in individuals priate behavioral services and findings include:		Representative Completion Date: 12/1/10 W 266 483.450 CLIENT BI & FACILITY PRACTICE: Please refer to W214 as it rel behavioral assessments. Please refer to W237 as it rel collection. Please refer to W239 as it rel development of replacement Please refer to W278 as it rel restrictive interventions.	ates to ates to data ates to the behaviors.	

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		A. BUI	LDING			
	13G057	B. WIN	≀G			7/2010
OVIDER OR SUPPLIER ED COMMUNITY HO	OMES - COURTYARD		61	5 SECOND AVENUE WEST		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOL	JLD BE	(X5) COMPLETION DATE
1. Refer to W214 a failure to ensure be current, compreher individuals' behavious. Refer to W237 a failure to ensure da determine the efficient to ensure the failure to ensure the individuals' malada	as it relates to the facility's chavioral assessments were asive, and accurately identified oral needs. as it relates to the facility's ata collection was sufficient to acy of individuals' behavior pies. as it relates to the facility's ereplacement plans for ptive behavior were developed	{W 2	666}	ensuring behavior modifying of were not used until the severit	drugs y of the	
failure to ensure lead were systematically ineffective prior to interventions. 5. Refer to W313 a failure to ensure be not used until the show to outweigh the drugs. Repeat Deficiency. 483.450(b)(1)(iii) MCLIENT BEHAVIO Procedures that go in appropriate client the use of more rescilient's record documents.	ss restrictive interventions of tried and proven to be implementing restrictive as it relates to the facility's chavior modifying drugs were everity of the behavior was he associated risks of the IGMT OF INAPPROPRIATE R Evern the management of a behavior must insure, prior to estrictive techniques, that the uments that programs	{W 2	78}	INAPPROPRIATE CLIENT BEHAVIOR The Director of Nursing service PCH has developed a written exactly what is to occur prior during psych clinic meetings, policy clarifies that a team me occur prior to team members with individual's doctors so the and federal regulations can be and team recommendations can developed prior to talking with doctor. This way the team can if less restrictive interventions been attempted and document implementation of medication harmful side effects and to distance in the property of the property	ces within plan for to and The ceting is to talking nat state e discussed an be h the n consider is have ted prior to as with scuss if the	
TO IT TO THE SECOND SECTION OF THE SECOND SECTION OF THE SECOND SECOND SECTION OF THE SECOND	CORRECTION OVIDER OR SUPPLIER ED COMMUNITY HO SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From particular to ensure becurrent, comprehere individuals' behaviors. Refer to W237 a failure to ensure destermine the efficient entervention strategors. Refer to W239 a failure to ensure the individuals' malada to meet their behaviors. Refer to W278 a failure to ensure less were systematically ineffective prior to interventions. Refer to W313 a failure to ensure benot used until the sent to ensure the sent to ens	DENTIFICATION NUMBER: 13G057 OVIDER OR SUPPLIER ED COMMUNITY HOMES - COURTYARD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40 1. Refer to W214 as it relates to the facility's failure to ensure behavioral assessments were current, comprehensive, and accurately identified individuals' behavioral needs. 2. Refer to W237 as it relates to the facility's failure to ensure data collection was sufficient to determine the efficacy of individuals' behavior intervention strategies. 3. Refer to W239 as it relates to the facility's failure to ensure the replacement plans for individuals' maladaptive behavior were developed to meet their behavioral needs. 4. Refer to W278 as it relates to the facility's failure to ensure less restrictive interventions were systematically tried and proven to be ineffective prior to implementing restrictive interventions. 5. Refer to W313 as it relates to the facility's failure to ensure behavior modifying drugs were not used until the severity of the behavior was show to outweigh the associated risks of the drugs.	DENTIFICATION NUMBER: 13G057 A BUI 13G057 DIVIDER OR SUPPLIER ED COMMUNITY HOMES - COURTYARD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40 1. Refer to W214 as it relates to the facility's failure to ensure behavioral assessments were current, comprehensive, and accurately identified individuals' behavioral needs. 2. Refer to W237 as it relates to the facility's failure to ensure data collection was sufficient to determine the efficacy of individuals' behavior intervention strategies. 3. Refer to W239 as it relates to the facility's failure to ensure the replacement plans for individuals' maladaptive behavior were developed to meet their behavioral needs. 4. Refer to W278 as it relates to the facility's failure to ensure less restrictive interventions were systematically tried and proven to be ineffective prior to implementing restrictive interventions. 5. Refer to W313 as it relates to the facility's failure to ensure behavior modifying drugs were not used until the severity of the behavior was show to outweigh the associated risks of the drugs. Repeat Deficiency. 483.450(b)(1)(iii) MGMT OF INAPPROPRIATE (W 2) Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically	DOVIDER OR SUPPLIER ED COMMUNITY HOMES - COURTYARD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40 1. Refer to W214 as it relates to the facility's failure to ensure behavioral assessments were current, comprehensive, and accurately identified individuals' behavioral needs. 2. 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Repeat Deficiency. 483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically	DOUDER OR SUPPLIER ED COMMUNITY HOMES - COURTYARD SITREET ADDRESS, CITY, STATE, ZIP CODE ### SECOND AVENUE WEST WENDELL, ID 83355 D PROVIDER OR AVENUE WEST WENDELL, ID 83355 D PROVIDER ACTION SHOW IN THE PROVIDER'S INTEREST ADDRESS, CITY, STATE, ZIP CODE ### SECOND AVENUE WEST WENDELL, ID 83355 D PROVIDER'S PLAN OF CORRECT ### CENTER OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOW) CROSS-REFERENCE ID THE APPR D PREFIX TAG CROSS-REFERENCE ID THE APPR DEFICIENCY Were not used until the severit behavior was shown to outweighting individuals' behavior was shown to outweight the ensure data collection was sufficient to determine the efficacy of individuals' behavior needs. #### A SECOND AVENUE WEST WENDELL, ID 83355 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOW) CROSS-REFERENCE ID THE APPR DEFICIENCY Were not used until the severit behavior was shown to outweigh the decument plans for individuals' behavior was shown to outweigh the efficacy of individuals' behavior and proven to be ineffective prior to implementing restrictive interventions were systematically tried and proven to be ineffective prior to implementing restrictive mentions can be derived behavior must insure, prior to the use of finore restrictive techniques, that the cilient's record documents that programs Continued From page 40 Please refer to W313 as it relates to the facility's failure to ensure behavior must insure, prior to the prior to team members with individual's doctors so the analysis of the prior to team members with individual's doctors so the analysis of the prior to team members with individual's doctors so the analysis of the prior to team members with individual's doctors so the analysis of the prior to team membe	A BUILDING 13G057 DIVIDER OR SUPPLIER ED COMMUNITY HOMES - COURTYARD SIMMARY STATEMENT OF DEFICIENCIES WENDELL, ID 833355 PROVIDERS PLAN OF CORRECTION FRACH CORRECTION AND OF CORRECTION FRACH CORRECTIVE ACTION SOULD BE CROSS-REFERENCED TO THE APPROPRIATE CONTINUED AND AND AND AND AND AND AND AND AND AN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		13G057	B. WIN	NG <u>.</u>		R- 10/27	C //2010
	ROVIDER OR SUPPLIER	DMES - COURTYARD		6	REET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355		
(X4) ID PREFIX TAG {W 278}	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa This STANDARD Based on record re was determined the individuals' records restrictive or more utilized prior to the techniques to mand individuals (Individual interventions were potential for an indi restrictive intervent findings include: 1. Individual #3's 9, 12 year old male w profound mental re a. Individual #3's P documented he rec antipsychotic drug) Written Informed C 8/24/10, stated the [Individual #3's] ab increase his time of Reduction Plan, da Risperidone was u hitting, slapping, an Individual #3's record evidence of less re	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) Ige 41 Is not met as evidenced by: Eview and staff interviews, it Is facility failed to ensure Included evidence of least Ipositive techniques being If use of more restrictive If age behavior for 1 of 3 If it is it	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRINCE OF THE ADDRESS OF T	ple BE OPRIATE nity nit hin the gional win Falls ersight of the property of th	(XS) COMPLETION DATE
	Medication Change stated Clonidine (a	ecord contained a Resident e Form, dated 9/20/10, which n antihypertensive drug) was mg ½ tablet twice a day for 1					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	·	13G057	B. WIN	NG		10/27	//2010
	ROVIDER OR SUPPLIER RED COMMUNITY HO	DMES - COURTYARD		615	ET ADDRESS, CITY, STATE, ZIP CODE S SECOND AVENUE WEST ENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS OF THE APPROXIMATION OF THE APPROX	JLD BE	(X5) COMPLETION DATE
(W 278)	week, then increase second Resident M 10/15/10, which state increased to 0.1 mg Individual #3's Med 10/20/10, stated Cl behavior, defined a touching, and falling Individual #3's receividence of less resystematically tried prior to the use of 0	ed to 1 tablet twice a day. A redication Change Form, dated ated Clonidine was to be go three times daily. ication Reduction Plan, dated onidine was used for disruptive syelling, inappropriate go to the floor. Indid not include documented strictive interventions being and proven to be ineffective Clonidine.	(W 2	78}	W 313 483.450(e)(3) DRUG	USAGE	
(W 313)	a.m., the Acting QN documented evider interventions. The facility failed to interventions had be proven to be inefferestrictive behavior #3. Repeat Deficiency. 483.450(e)(3) DRU Drugs used for commust not be used to harmful effects of the potentially harm. This STANDARD Based on record redetermined the face.		€ \ \\	313}	The Director of Nursing serving PCH has developed a written exactly what is to occur prior during psych clinic meetings, policy clarifies that a team mooccur prior to team members with individual's doctors so than dederal regulations can be and team recommendations can developed prior to talking with doctor. This way the team can if less restrictive interventions been attempted and document implementation of medication harmful side effects and to dispensition of medication can out harmful effects of the medical	plan for to and The eeting is to talking hat state e discussed an be th the n consider s have ted prior to ns with scuss if the ttweigh the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		13G057	B. WII		,	R-	-C 7/2010
	ROVIDER OR SUPPLIER	DMES - COURTYARD		61	EET ADDRESS, CITY, STATE, ZIP CODE IS SECOND AVENUE WEST (ENDELL, ID 83355	10/2/	72010
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa of the behavior was associated risks of (Individual #3) who were reviewed. The receiving behavior necessary justificate 1. Individual #3's 9/ 12 year old male wide profound mental re a. Individual #3's Pidocumented he receiving antipsychotic drug) Individual #3's Write Risperidone, dated "should further increfollow instructions a	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	61 W	15 SECOND AVENUE WEST	ent ithin the egional win Falls versight of ee d in regards a QIDP. staff consible for staff Instead focus on the assigned cor is being d quality CH. Also, icility will ents. The	(XS) COMPLETION DATE
	stated Risperidone was defined as hitti hit or slap. Individual #3's BIP 10/13/10, stated Indat the staff on their no documentation i behavior, or indicat harm or injury to Individual Harm or Risperid limited to, akathisia (a strong desire to neurological mover insomnia, agitation (tremors), suicide as	was for Aggression, which ng, slapping, and attempts to for aggression, revised dividual #3 would "tend to slap arms." However, there was indicating the frequency of the ing the behavior resulted in dividual #3 or staff. Drug Handbook stated the side one included, but were not (restless legs), somnolence		To the second se	responsible for the oversight QIDP staff; instead they will responsible for the staff in the the general oversight of each PCH believes that with the rethat the general oversight wit provided will be consistent. Person Responsible: Westcar Representative Completion Date: 12/1/10	be e home and facility. evisions, th the care	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1	IULTIPI LDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		13G057	B. WII	NG		I	R-C 27/2010
	ROVIDER OR SUPPLIER	DMES - COURTYARD		616	EET ADDRESS, CITY, STATE, ZIP CODE 5 SECOND AVENUE WEST ENDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
{W 313}	hypoesthesia (a recsensation), fatigue, tachycardia (rapid lorthostatic hypoten when standing), per in the limbs), syncorhinitis (runny nose abnormal vision, eanausea, vomiting, a saliva, diarrhea, uri urination, weight gaupper respiratory in Individual #3's receividence that his in remain on task, or staff on their arms' harmful effects of Education Change stated Clonidine (a to be started at 0.1 week, then increased to 0.1 melliolitical may be a condition of the condition of	and dreaming, tremor, duced sense of touch or depression, nervousness, neart rate), chest pain, sion (blood pressure drops ripheral edema (fluid retention ope (fainting), hypertension,), sinusitis, pharyngitis, ar disorder, constipations, abdominal pain, increased in ary incontinence, increased ain or loss, hyperglycemia, and affection. and did not contain documented hability to follow instructions or his tendency to "to siap at the outweighed the potentially Risperidone. accord contained a Resident of Form, dated 9/20/10, which in antihypertensive drug) was mg ½ tablet twice a day. A Medication Change Form, dated ated Clonidine was to be	The section of the se	13}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		JRVEY TED
		13G057	B. WIN	G	1	-C 7/2010
	ROVIDER OR SUPPLIER	OMES - COURTYARD		STREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST WENDELL, ID 83355		,,2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SICE CROSS-REFERENCED TO THE APDEFICIENCY)	(OULD BE	(X5) COMPLETION DATE
(W 313)	hypotension, const vomiting, anorexia, (an unpleasant ser or reflex to scratch Individual #3's receividence that his beeking touch, or fithe potentially harm During an interview a.m., the Acting QI documentation that effects of Individual outweighed the porprescribed to mana. The facility failed to Risperidone and Control side effects of the best potential side effects and communicable. This STANDARD Based on observation determined the faccontrol procedures control infection and That failure had the	pressure), orthostatic ipation, dry mouth, nausea, urine retention, and pruritus insation that causes the desire). Ord did not contain documented ehavior of yelling, attention alling to the floor outweighed inful effects of Clonidine. Ord 10/27/10 from 8:33 - 11:15 MRP stated there was no to could show the harmful it #3's maladaptive behaviors tential risks of the drugs age those behaviors. Order ensure Individual #3's lonidine were used only after naviors for which they were early shown to outweigh the early shown to outweigh the early of the drugs. CTION CONTROL active program for the and investigation of infection	(W 31	W 455 483.470(I)(1) INFE CONTROL The Director of Nursing has all of the staff on infection of practices to assure that accepractices are being utilized, she is doing hands on observition the home so that she	s re-trained control eptable In addition vations can give ff on exactly ice. on a weekly equately ol practices.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JLT)PL .DING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		13G057	B. WIN	G		1	R-C 27/2010
	ROVIDER OR SUPPLIER	DMES - COURTYARD		615	ET ADDRESS, CITY, STATE, ZIP COD SECOND AVENUE WEST NDELL, ID 83355		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 455	facility, and had the opportunities for creand negatively importunities for creand negatively importunities. 1. During an observe 5:15 p.m., Individual staff with meal prepresent individual #5 was on his nose. The staff instructed him to reand handed Individual #5 lasses to set on the handed Individual #5 was on dividers of the plates the plates on the control of the plates on the control of the plates with th	potential to provide oss-contamination to occur act individuals' health. The vation on 10/25/10 from 3:30 - al #5 was observed assisting paration in the kitchen. bserved to place his finger up working with Individual #5 move his finger from his nose ual #5 three high-sided divided counter. The staff then to the staff then	W	55			
	about infection con observation. The sin hand washing. Washing the plan his nose, the staff single replaced and he shwash his hands after During an interview a.m., the Corporate should have been a picking his nose, and	with Individual #5 was asked trol procedures during the staff stated he had been trained. When asked about Individual tes after he had his finger up stated the plates should be ould have had Individual #5 er he had picked his nose. If on 10/27/10 from 8:33 - 11:15 er RN stated Individual #5 asked to wash his hands after hid should not have been er plates with soiled hands.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SU COMPLE	(X3) DATE SURVEY COMPLETED	
		13G057	B, WII				-C 7/2010	
	ROVIDER OR SUPPLIER RED COMMUNITY HO	OMES - COURTYARD	- manager old	61	EET ADDRESS, CITY, STATE, ZIP CODE 5 SECOND AVENUE WEST (ENDELL, ID 83355	Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(X4) JD PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 455		ensure proper infection		455				

PRINTED: 11/03/2010

FORM APPROVED **Bureau of Facility Standards** STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING R-C B. WING 13G057 10/27/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE FRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)
(MM184)	To Participate in the Development of Plan of Care To Participate in the Development of Plan of Care. The resident must have the opportunity to participate in his plan of care. Residents must be advised of alternative courses or care and treatment and their consequences when such alternatives are available. The resident's preference about alternatives must be ellicited and considered in deciding on the plan of care. A resident may request, and must be entitled to, representation and assistance by any consenting person of his choice in the planning of his care and treatment. This Rule is not met as evidenced by: Refer to W124. Repeat Deficiency.	(MM164)	MM 164 16.03.11.075.04 DEVELOPMENT OF PLAN OF CARE Please refer to W124 DEC 0 3 2010 FACILITY STANDARDS
(MM191)	Physical restraints must not be used to limit resident mobility for the convenience of staff, and must comply with life safety requirements. If a resident's behavior is such that it will result in Injury to himself or others and any form of physical restraint is utilized, it must be in conjunction with a treatment procedure designed to modify the behavioral problems for which the patient is restrained and, as a last resort, after failure of attempted therapy. This Rule is not met as evidenced by: Refer to W278 and W313.	{MM191}	MM 191 16.03.11.075.09(c) LAST RESORT Please refer to W278 and W313
(MM209)	Repeat Deficiency. 16.03.11.075.15 Right to Personal Items	(MM209)	MM 209 16.03.11.075.15 RIGHT TO PERSONAL ITEMS
	Right to Personal Items. Each resident admitted to the facility must be permitted to retain and use his personal clothing and possessions as space clity Standards		Please refer to W137

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

STATE FORM

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A RUU DING R-C B. WING 13G057 10/27/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 615 SECOND AVENUE WEST PREFERRED COMMUNITY HOMES - COURTY/ WENDELL, ID 83355 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {MM209} Continued From page 1 {MM209} MM 212 16.03.11.075.17(a) permits, unless to do so would infringe upon MAXIMIZE DEVELOPMENTAL rights of other residents, and unless medically POTENTIAL contraindicated as documented by his physician in his medical record. Please refer to W195, W196 and W266 This Rule is not met as evidenced by: Refer to W137. Repeat Deficiency. {MM212} 16.03.11.075.17(a) Maximize Developmental {MM212} Potential The treatment, services, and habilitation for each MM 271 16.03.11.100.04(b) resident must be designed to maximize the STORAGE OF TOXIC developmental potential of the resident and must CHEMICALS be provided in the setting that is least restrictive of the resident's personal liberties; and Preferred Community Homes has This Rule is not met as evidenced by: repaired the cabinet that was broken. In Refer to W195, W196, and W266. addition, PCH has developed a system Repeat Deficiency. in which staff can communicate any maintenance needs to the maintenance personnel through maintenance request (MM271) 16.03.11.100.04(b) Storage of Toxic Chemicals {MM271} forms. Also, the maintenance staff person in the Wendell area is now All toxic chemicals must be properly labeled and provided supervision by an experienced stored under lock and key. maintenance supervisor. With this This Rule is not met as evidenced by: Based on observation and staff interviews, it was current plan the homes in the Wendell determined the facility failed to ensure all toxic area will be taken care of to avoid items chemicals were properly stored under lock and such as broken cabinets which possess key for 6 of 6 individuals (Individuals #1 - #6) potential harm for the individuals residing in the facility. This resulted in the residing there. potential for individuals having access to toxic

chemicals. The findings include:

found to be unlocked:

1. During an observation on 10/25/10 from 3:30 -

5:15 p.m., the following toxic chemicals were

Person Responsible: Westcare Regional

Representative

Completion Date: 1/1/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CUA iDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

A. BUILDING B. WING_

R-C

10/27/2010

13G057 NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

615 SECOND AVENUE WEST

PREFERRED COMMUNITY HOMES - COURTY/ WENDEL				WEST	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{MM271}	Continued From page 2 a. In the laundry room: - 2 cans of Sprayway Glass Cleaner. - 1 spray bottle of Clorox Bathroom Cleaner. - 1 bottle of Clorox Toilet Bowl Cleaner with Bleach. - 2 bottles of Windex Glass Cleaner. - 4 containers of PDI Sani-Cloth Plus. b. In the linen closet: - 11 containers of PDI Sani-Cloth Plus. The MSDS (Material Safety Data Sheet) for Sprayway Glass Cleaner stated the product classified as a "Hazardous Chemical" and harmful to skin, kidneys, blood, and liver. The MSDS for Clorox Bathroom Cleaner of the product could irritate skin, eyes, nose, and lungs, and was harmful if swallowed. The MSDS for Clorox Toilet Bowl Cleaner Bleach stated the product caused severe or damage to eyes and skin, the vapor or could cause irritation, and the product was harmful if swallowed. The MSDS for Windex Glass Cleaner statements of the product was toxic. The MSDS for PDI Sani-Cloth Plus stated product was hazardous to humans and domesticated animals. The Residential Service Coordinator (RSC was present during the review, stated Indi #6 was known to place items in his mouth RSC stated she was not aware the lock of cabinet in the laundry room was non-function or that the PDI Sani-Cloths were toxic. The called maintenance personnel to repair the called maintenance personnel to	for act was distanced, throat, with irritation mist as atted the continuation that continuation the continuation th	IM271}		
Bureau of Fa	acility Standards			No.	

T9N012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING R-C B. WING_ 13G057 10/27/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

PREFERRED COMMUNITY HOMES - COURTY!

615 SECOND AVENUE WEST

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLET CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)
{MM271}	and removed the toxic chemicals to a secured location.	{MM271}	
	The facility failed to ensure all toxic chemicals were maintained under locked conditions. Repeat Deficiency.		
{MM620}	16.03.11.230.05(b) Upgrading of Competencies The upgrading of competencies to improve skills based on resident needs and corresponding staff expertise; and This Rule is not met as evidenced by: Refer to W249. Repeat Deficiency.	{MM620}	MM 620 16.03.11.230.05(b) UPGRADING OF COMPETENCIES Please refer to W249
{MM725}	The QMRP is responsible for supervising the implementation of each resident's individual plan of care, integrating the various aspects of the program, recording each resident's progress and initiating periodic review of each individual plan for necessary modifications or adjustments. This function may be provided by a QMRP outside the facility, by agreement. This Rule is not met as evidenced by: Refer to W159.	{MM725}	MM 725 16.03.11.270.01(b) QMRP Please refer to W159
{MM729}	Repeat Deficiency. 16.03.11.270.01(d) Treatment Plan Objectives The individual treatment plan must state specific objectives to reach identified goals. The objectives must be: This Rule is not met as evidenced by:	{MM729}	MM 729 16.03.11.270.01(d) TREATMENT PLAN OBJECTIVES Please refer to W227 and W242

Bureau of Facility Standards

T9N012

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
	13G057	B. WING	R-C 10/27/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PREFERRED COMMUNITY HOMES - COURTY!

615 SECOND AVENUE WEST WENDELL, ID 83355

PREFER		ENDELL, ID 8335		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATIO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(MM729)	Continued From page 4	{MM729}		
	Refer to W227 and W242.			
1	Repeat Deficiency.			
{MM730}	16.03.11.270.01(d)(i) Diagnostic and Progr Data	nostic {MM730}	MM 730 16.03.11.270.01(d)(i) DIAGNOSTIC AND PROGNOSTIC	NACONIII IN THE PROPERTY OF TH
A PAGE CONTRACTOR	Based on complete and relevant diagnostic prognostic data; and	and	DATA	
	This Rule is not met as evidenced by: Refer to W214.		Please refer to W214	
a : a a de	Repeat Deficiency.			
{MM731}	16.03.11.270.01(d)(ii) Measurable Behavio Terms	ral {MM731}	MM 731 16.03.11.270.01(d)(ii) MEASURABLE BEHAVIORAL	
	Stated in specific measurable behavioral to that permit the progress of the individual to assessed; and This Rule is not met as evidenced by: Refer to W237.	I	TERMS Please refer to W237	
:	Repeat Deficiency.			
MM769	16.03.11.270.03(c)(vi) Control of Communi Diseases and Infectio	icable MM769	MM 769 16.03.11.270.03(c)(vi) CONTROL OF COMMUNICABLE DISEASES AND INFECTION	
:	Control of communicable diseases and infethrough identification, assessment, reporting medical authorities and implementation of appropriate protective and preventative measures. This Rule is not met as evidenced by: Refer to W455.		Please refer to W455	and a management of the state o
{MM855}	16.03.11.270.08(c) Training and Habilitatio Record	m {MM855}	·	

Bureau of Facility Standards STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		13G057		II		R-C 10/27/2010
NAME OF P	ROVIDER OR SUPPLIER	100001	STREET ADI	DRESS CITY S	STATE ZIP CODE	10/2/12010
PREEEDED COMMINITY HOMES COURTY 615 SECO		ODRESS, CITY, STATE, ZIP CODE OND AVENUE WEST LL, ID 83355				
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETE	
{MM855}	There must be a fundabilitation record of by and available to staff which shows enabilitation service objectives set for each of the thickness	nctional training and for each resident matall training and habile evidence of training activities designed to very resident. et as evidenced by: 41, and W248.	intained litation and	{MM855}	MM 855 16.03,11.270.08(e) TRAINING AND HABILITA RECORD Please refer to W239, W241 an	
MM857	MM857 16.03.11.270.08(e) Qualified Training There must be sufficient appropriately qualified training and habilitation personnel and necessary supporting staff available to carry out the residents' training and habilitation program. This Rule is not met as evidenced by: Refer to W186.		MM857	MM 857 16.03.11.270.08(e) QUALIFIED TRAINING Please refer to W186		

December 2, 2010

Nicole Wisenor, Co-Supervisor, Non-Long Term Care Idaho Department of Health and Welfare Bureau of Facility Standards PO Box 83720 Boise, ID 83720

RECEIVED NOV 3 0 2010 FACILITY STANDARDS

Dear Ms. Wisenor:

Preferred Community Homes -- Courtyard alleges compliance with the Medicaid Intermediate Care Center Facility for Persons with Mental Retardation Conditions of Participation on Active Treatment, and Client Behavior & Facility Practices.

Preferred Community Homes has accomplished the following in preparation for a revisit:

- To correct the deficiencies the Westcare Regional Representative and the Assistant to the Regional have stepped in as the QIDP's for all of the individuals at the Courtyard home to assist with all functions of the QIDP. They have physically been in Wendell assisting with the revisions throughout the process. They have been assisting with staff training to assure that all staff are being and will continually be trained on all programs, as they are implemented. On the floor training has occurred and will continue to occur until we believe staff has adequate training to implement the active treatment program as written.
- Preferred Community Homes has a plan to implement systematic changes in the Administrative structure. Within the system there is a Westcare Regional Representative in the Boise/Twin Falls area that is responsible for oversight of all of the PCH programs. The assignments are being revised in regards to the responsibilities of each QIDP. With the revisions the QIDP staff within PCH is no longer responsible for the supervision of the DCA staff. Instead they are assigned to strictly focus on the programmatic needs of their assigned residents. A QIDP supervisor is being hired to provide oversight and quality assurance to the QIDP's at PCH. Also, the Administrators of each facility will be given revised job assignments. The Administrators will no longer be responsible for the oversight of the QIDP staff; instead they will be responsible for the staff in the home and the general oversight of each facility. PCH believes that with the revisions, that the general oversight with the care provided will be consistent.
- Individual #3 is currently assigned a one to one staff as part of his program plan.
 Currently there are 5 staff assigned to the AM and PM shifts at the home.

Preferred Community Homes has scheduled quarterly core team meetings. At the meetings the team will discuss the needs of each individual so that the team can assure that all needs are met including the staffing needs of each individual.

- In addition to the system changes mentioned above, the monthly progress notes for all of the individuals in the home have been completed and are currently up to date so that progress and regression can be monitored. All of the current training programs for the individuals have been placed in the floor books so that the staff has access to the current program plans. The floor books in the homes have been revised to include only the information relevant to the current plans.
- Preferred Community Homes has assured that individual #2's PCLP and behavior assessments were revised to include accurate and up to date information.
- Preferred Community Homes has brought in an experienced Occupational
 Therapist to assess the sensory needs of each individual in the facility. Future
 Occupational Assessments will also be completed by an experienced
 Occupational Therapist.
- The PCLP for individual #2 has been revised and an objective for food stealing
 has been developed. The PCLP for individual #1 has been revised to include
 objectives to meet his emotional needs.
- Preferred Community Homes has revised the PCLP's for all six individuals to include a replacement behavior that addresses each potential function of each behavior assumed to be maladaptive.
- The floor books have been revised for all individuals in the home and have a
 consistent table of contents which includes the PCLP and all related training
 programs. It has been clarified to all for all of the QIDP's that it is expected that
 the PCLP is implemented as soon as possible after the planning meeting occurs,
 ideally within a week.
- Preferred Community Homes has revised the PCLP's for all six individuals to
 include a replacement behavior that addresses each potential function of each
 behavior assumed to be maladaptive. Also, PCH has reviewed each speech
 assessment and verified that appropriate training programs are written and
 implemented for each recommendation. In some cases the team discussed the
 recommendations and prioritized which recommendation should be addressed
 first and if the needs should be addressed as service or training objectives. In
 these cases, the team discussion has been outlined and included within the PCLP.
- The Director of Nursing services within PCH has developed a written plan for
 exactly what is to occur prior to and during psych clinic meetings. The policy
 clarifies that a team meeting is to occur prior to team members talking with
 individual's doctors so that state and federal regulations can be discussed and

team recommendations can be developed prior to talking with the doctor. This way the team can consider if less restrictive interventions have been attempted and documented prior to implementation of medications with harmful side effects and to discuss if the benefits of medication can outweigh the harmful effects of the medications.

If you have any further questions, please feel free to contact me at 208-855-9142

Tom Moss

PCH-Assistant to the Regional Administrator





C.L., "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0009 PHONE 208-334-6826 FAX 208-364-1888

November 4, 2010

Tom Moss, Administrator Preferred Community Homes - Courtyard 7091 W Emerald Boise, ID 83704

Provider #13G057

Dear Mr. Moss:

On October 27, 2010, a complaint survey was conducted at Preferred Community Homes - Courtyard. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00004808

Allegation: Individuals engage in maladaptive behaviors and staff do not intervene appropriately and in a timely fashion.

Findings: An unannounced on-site complaint investigation was conducted on 10/27/10. During that time, a follow up survey was in process, from 10/25/10 - 10/27/10, during which observations, record review, and staff interviews were conducted with the following results:

The facility's Accident/Injury reports and investigations were reviewed from 10/1/10 - 10/25/10. None of the documents showed individuals engaging in maladaptive behaviors without appropriate and timely intervention.

Observations were conducted at the facility on 10/25/10 and 10/26/10 for a cumulative 6 hours and 54 minutes. During that time staff were noted to appropriately intervene with individuals' inappropriate behavior in a timely fashion.

Three individuals' records were selected for review. One individual's record included a behavior data sheet, dated 10/26/10, that documented maladaptive behavior which included leaving the

Tom Moss, Administrator November 4, 2010 Page 2 of 3

facility and going to the home of a former employee (approximately three blocks from the facility). The behavior data sheet documented staff were present with the individual, but did not contain sufficient information.

During an interview on 10/27/10 from 12:57 - 1:08 p.m., the Acting Administrator provided an Incident/Accident report that provided additional information regarding the 10/26/10 incident. The Acting Administrator stated he was present at the facility during the incident. The Acting Administrator stated an individual became upset and walked from the facility to a former employee's home. The individuals' one-to-one staff was present with the individual. Due to the individual's self injurious behavior, the staff carried a backpack which contained a pillow, a helmet, and a cell phone. The Acting Administrator stated the individual walked to the former employee's home a total of 4 times, each time with the one-to-one staff present. On one occasion, the Acting Administrator and the Corporate Registered Nurse gave the individual and the one-to-one staff a ride back to the facility. The Acting Administrator stated the one-to-one staff provided appropriate intervention during the entire behavioral episode.

Four additional staff, including the one-to-one staff and the Administrator in training, were interviewed on 10/27/10 from 1:09 - 1:52 p.m. All staff provided the same information regarding the behavioral incident on 10/26/10. In sum, the following occurred:

An individual, who required one-to-one staff due to self injurious behaviors, became upset. The individual left the facility for a walk and went to the home of a former employee. The one-to-one staff carried a backpack which contained a pillow, a helmet, and a cell phone. The staff was able to redirect the individual on two of the four occasions and have him return to the facility. On the third occasion, the individual removed his shoes and sat in the yard of the former employee. The one-to-one staff was able to assist the individual to put his shoes on and redirect him toward the facility. At that time, the Acting Administrator and the Corporate Registered Nurse were able to convince the individual to get into their vehicle. They drove the individual and the one-to-one staff back to the facility.

Once back at the facility, the individual began walking towards the former employee's home. Halfway there, the individual stopped in the middle of the road and removed his shoes. The individual began to strike at the staff (knocking her cell phone to the ground) and hit his head at which point the one-to-one staff opened the backpack to remove the pillow and helmet. The individual grabbed the backpack and threw it, with the pillow, helmet, and cell phone, across the road. The individual then began to run towards the home of the former employee. The one-to-one staff followed. Once there, the individual sat on the ground. The one-to-one staff knocked on the door and requested to use the phone to call for assistance.

The AQMRP, RSC, and Administrator in training arrived at the location, having collected the

Tom Moss, Administrator November 4, 2010 Page 3 of 3

thrown items on the way, and were able to convince the individual to return to the facility.

Based on the circumstances, the one-to-one staff acted appropriately and in accordance to the individual's behavior plan.

Therefore, the allegation was unsubstantiated and no deficient practice was identified. However, the facility was cited at W237 for a lack of comprehensive data collection.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary.

Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

MICHAEL CASE

Health Facility Surveyor

A Sichael a Case, LSD

Non-Long Term Care

NICOLE WISENOR

Co-Supervisor

Non-Long Term Care

MC/srm